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ABSTRACT

This report presents findings of a 3-year analysis conducted on the impact of substance abuse on state budgets. An advisory panel of public officials, researchers, and financial experts was convened to provide guidance. They conducted an extensive review of articles and publications linking substance abuse to public spending. Several studies were also undertaken to document the cost of substance abuse on entitlement programs and aid to families and children, and to assess the cost of substance abuse in New York City. Five states (California, Florida, Minnesota, New Jersey, Vermont) were chosen to provide a cross section in terms of demographics, budgeting practices, and data available. The findings determined that substance abuse is among the largest costs to state budgets. For every dollar spent on substance abuse over 95.8 cents goes to pay for treatment while only 3.7 cents goes to fund prevention. By providing a map of state substance abuse spending, this study establishes a base against which policymakers can make informed decisions about future allocations. It suggests that the most significant way to reduce the burden of substance abuse on public programs is through targeted and effective prevention programs. (Contains 2 appendixes, 90 figures, 66 tables, and 102 references.) (JDM)

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Table of Contents

Foreword and Accompanying Statement i
I. Introduction and Executive Summary 1
Next Steps 3
II. The Elephant in the Living Room 7
Uncovering the Hidden Costs of Substance Abuse to State Budgets 8
Linking Expenditures to Substance Abuse 9
Weighing the Elephant 9
State Spending by Drug 10
State Spending for Children 11
III. The Elephant: State Spending on the Burden of Substance Abuse to State Programs 13
The Distribution of the Substance Abuse Burden 13
Justice 15
Adult Corrections 15
Juvenile Justice 16
Judiciary 16
Education 16
Health 17
Child and Family Assistance 17
Child Welfare 17
Income Support Programs 18
Mental Health/Developmental Disabilities 18
Mental Health 18
Developmental Disabilities 19
Public Safety 19
State Workforce 19
IV. The Elephant's Tail: State Spending for Substance Abuse Prevention, Treatment and Research 21
State Spending by Category 21
Prevention 22
Treatment 24
Research 24
Variations by State 25
V. Taxation and Regulation of the Sale of Legal Drugs 27
Taxation 27
Regulation 28
VI. Substance Abuse Spending by State 29
State Tables 31

VII. Moving from Spending to Investments 79
Treatment for Drug Addiction is Cost Effective 80
Treatment Saves Tax Dollars 81
Focusing on the Future 82
Next Steps 83
Notes 87
Appendix A-Survey 95
Appendix B-Methodology 161
Reference List 177

Foreword and Accompanying Statement by Joseph A. Califano, Jr. Chairman and President

Substance abuse and addiction is the elephant in the living room of American society. Too many of our citizens deny or ignore its presence. Abuse and addiction involving illegal drugs, alcohol and cigarettes are implicated in virtually every domestic problem our nation faces: crime; cripplers and killers like cancer, heart disease, AIDS and cirrhosis; child abuse and neglect; domestic violence; teen pregnancy; chronic welfare; the rise in learning disabled and conduct disordered children; and poor schools and disrupted classrooms. Every sector of society spends hefty sums of money shoveling up the wreckage of substance abuse and addiction. Nowhere is this more evident than in the public spending of the states.

The heaviest burden of substance abuse and addiction on public spending falls on the states and programs of localities that states support. Of the two million prisoners in the United States, more than 1.8 million are in state and local institutions. States run the Medicaid programs where smoking and alcohol abuse impose heavy burdens in cancer, heart disease and chronic and debilitating respiratory ailments and where drug use is the largest cause of new AIDS cases. States fund and operate child welfare systems--social services, family courts, foster care and adoption agencies--where at least 70 percent of the cases of abuse and neglect stem from alcohol- and drug-abusing parents. The states are responsible for welfare systems that are overburdened with drug- and alcohol-abusing mothers and their children. State courts handle the lion's share of drunk driving and drug sale and possession cases. States pour billions of dollars into elementary and secondary public school systems that are more expensive to operate because of drug- and alcohol-abusing parents and teenagers.

Governors and state legislatures have the largest financial, social and political interest in preventing and treating all substance abuse and addiction, whether it involves alcohol, tobacco or illegal drugs, and especially among children and teens. While the federal government has heavy responsibilities to fund biomedical research, classify and regulate chemical substances and interdict illegal drugs, the brunt of failure to prevent and treat substance abuse and the cost of coping with the wreckage of this problem falls most heavily on the backs of governors and state legislatures across America.

For three years, The National Center on Addiction and Substance Abuse at Columbia University has been scouring the fine print of 1998 budgets of the states in an unprecedented effort to measure the impact of substance abuse and addiction on their health, social service, criminal justice, education, mental health, developmentally disabled and other programs in 16 budget categories. Forty-five of the states, the District of Columbia and Puerto Rico responded to our survey--the most extensive and sophisticated ever conducted in this field--and answered the endless questions of our staff. Based on an exhaustive analysis of the data collected, we also estimated the total costs of substance abuse to the budgets of the five states (Indiana, Maine, New Hampshire, North Carolina and Texas) that did not respond to our inquiries.

The results are stunning, especially given that in every case we made the most conservative assumptions about the burden that substance abuse imposes on state budgets. Four findings are particularly striking. In 1998:

- Of the $620 billion total the states spent, $81.3 billion--a whopping 13.1 percent--was used to deal with substance abuse and addiction.

- Of every such dollar states spent, 96 cents went to shoveling up the wreckage of substance abuse and addiction and only four cents was used to prevent and treat it.

- The states spend 113 times as much to clean up the devastation substance abuse and addiction visit on children as they do to prevent and treat it.

- Each American paid $277 per year in state taxes to deal with the burden of substance abuse and addiction in their social programs and only $10 a year for prevention and treatment.

- Of the $453.5 billion states spent in the 16 budget categories of public programs we examined, $81.3 billion--17.9 percent--was linked to substance abuse and addiction.

This report is a clarion call for a revolution in the way governors and state legislators think about and confront substance abuse and addiction. States that want to reduce crime, slow the rise in Medicaid spending, move more mothers and children from welfare to work and responsible and nurturing family life must shift from shoveling up the wreckage to preventing children and teens from abusing drugs, alcohol and nicotine and treating individuals who get hooked.

The next great opportunity to reduce crime is to provide treatment and training to drug and alcohol abusing prisoners who will return to a life of criminal activity unless they leave prison substance free and, upon release, enter treatment and continuing aftercare. The remaining welfare rolls are crowded with individuals suffering from substance abuse and addiction. The biggest opportunity to cut Medicaid costs is by preventing and treating substance abuse and addiction. Governors who want to curb child abuse, teen pregnancy and domestic violence in their states must face up to this reality: unless they prevent and treat alcohol and drug abuse and addiction, their other well intentioned efforts are doomed.

The choice for governors and state legislators is this: either continue to tax their constituents for funds to shovel up the wreckage of alcohol, drug and nicotine abuse and addiction or recast their

priorities to focus on preventing and treating such abuse and addiction.

State spending on children is the cruelest misallocation of taxpayer funds. We know that a child who gets through age 21 without smoking, abusing alcohol or using illegal drugs is virtually certain never to do so. It is a slap in the face of this knowledge for states to spend 113 times more to shovel up the wreckage of children savaged by substance abuse and addiction in social, criminal justice and education programs than they spend to encourage children to stay away from these substances and treat those who ignore that advice.

This unprecedented report looks behind the traditional budget labels--education, criminal justice, transportation, health care, child welfare, welfare, mental health--to detect just how many of their taxpayer dollars the states spend to deal with the financial burden that unprevented and untreated substance abuse and addiction impose on public programs. It is our hope that exposing these heretofore hidden costs will encourage governors and state legislatures to make sensible investments in comprehensive efforts to reduce the use of tobacco, alcohol and illegal drugs, particularly by children.

States spend some $25 billion a year shoveling up after the savage impact of substance abuse on our children. The largest share is spent on the burden of substance abuse to the education system--$16.5 billion; another $5.3 billion is spent for children who are victims of child abuse and neglect; nearly $3 billion is spent for substance-involved youth in the state juvenile justice systems. By comparison, pennies are spent to prevent these problems. This is perhaps the worst example of current investment policies because of the enormous payoff that could be realized by preventing addiction in the first place.

Children are key to the lasting success of any effort to curb the costs of substance abuse. Prevention and treatment efforts, especially those directed to children, must cover all substances. First, sale of any of these substances to children is illegal, and for good reason. Second, tobacco, alcohol and illegal drugs all affect the dopamine systems in the brain and, with repeated use, can change the structure of the brain itself resulting in cravings and addiction. Finally, most individuals who fall prey to abuse and addiction are involved with more than one substance.

What this report reveals for the first time is that the biggest bang for the buck in terms of taming the costs of social programs will come to those states that curb substance abuse and addiction. The return is not simply in reduced state spending. It also comes in reduced crime--and most importantly in reduced human suffering not only for the addict and abuser, but for parents and children, classmates, friends and neighbors. And, it can be counted in positive economic benefits to states from productive, law-abiding, taxpaying citizens.

Addiction is a disease--a chronic, relapsing one--that, untreated, has nasty and costly social consequences: illness, disability, death, learning disabilities, poor school performance, child abuse and neglect, domestic violence, crime--to name a few. Our fear of these consequences often leads us to respond with tough sanctions. It is of course important to hold individuals accountable for their conduct. But the first line of defense is prevention and we can do a much better job at it. Treatment is no sure bet, but success rates of good programs exceed those of many long shot cancer therapies on which we spend millions of dollars. And if we fail to treat the disease, there is little hope of stemming these consequences.

America is not the Garden of Eden and the challenge to state executives and legislators is to balance the importance of holding individuals accountable for their actions with the need to provide treatment for this disease that causes and aggravates so many social problems. It is our hope that this report will help these public officials find that balance.

Governors and state legislators (as well as mayors, city councils and county officials) hold critical keys to the future of our nation. It is the

states, in concert with local governments, which face day-to-day the tasks of moving individuals from welfare to work, reshaping our prison and criminal justice systems, dealing with child abuse and neglect, responding to highway accidents, assuring public safety, administering mental health programs, and helping with the process of educating our children. Successfully accomplishing these tasks will require many different programs and strategies. What this report makes clear is that these programs and strategies will be of limited value if they fail to deal with substance abuse and addiction. Energetic, effective and comprehensive efforts to prevent substance abuse and addiction and treat those who fall prey to these problems hold the promise of freeing up billions of dollars of state funds for other pressing needs and reducing the burden on taxpayers.

This undertaking has been CASA's most ambitious public policy analysis. To accomplish it we convened an extraordinary advisory panel of distinguished public officials, researchers and representatives of the National Governors' Association, the National Conference of State Legislatures, the National Association of State Budget Officers and the National Association of State Alcohol and Drug Abuse Directors. We assembled a team of experts in economics, epidemiology and state government budgeting and finance. We reviewed some 400 articles, books and other publications on substance abuse and public spending. We extensively interviewed state budget officers, devised a survey instrument and tested it in California, Florida and New York in order to refine it before sending it to all the states. The survey captured 1998 spending in 16 budget categories for the 47 responding jurisdictions.

Some caveats are appropriate. The complexity of this unprecedented effort means that this report should be regarded as a work in progress that will be refined in the future; that complexity has led us in every case to use the most conservative assumptions.

In several areas, such as public housing, higher education and state employee healthcare, because of lack of data, we were unable to assess the impact of substance abuse and addiction, and this report contains no costs in these areas.

As a result, this report significantly underestimates the impact of substance abuse on state budgets.

This report covers only state costs. It does not cover federal matching funds that states spend (e.g., on Medicaid and welfare); federal government costs; the spending of local governments (which bear most of the law enforcement burden), the costs to parochial and private schools and other private sector costs (such as employee health care, lost productivity and facility security) which are the subject of ongoing CASA analyses.

Finally, the human suffering of addicts, abusers and their families and friends are incalculable.

This report continues CASA's ongoing Analysis of the Impact of Substance Abuse and Addiction on America's Systems and Populations. We expect that it will form the basis of a forthcoming conference on substance abuse and state budgets as part of our series of *CASACONFERENCES*.

The report contains a list of the seasoned experts who served on our advisory board and worked as our consultants, who made an invaluable contribution. We are greatly indebted to each of them. Let me single out particularly Dall W. Forsythe, Ph.D., at the Rockefeller Institute, former budget director of New York State and director of public finance with Lehman Brothers who helped to structure the project and the report; Brian Roherty, former executive director of the National Association of State Budget Officers and former budget director in Minnesota who opened the doors of many state budget offices; and Donald Boyd, director, and Deborah Elwood, former senior researcher, at the Fiscal Studies Program, Rockefeller Institute of Government, who helped to design and administer the state survey and analyze the data it elicited. With regret we note that one of our advisors, Gloria Timmer, former executive director of the National Association of State

Budget Officers, whose expert advise and good spirit enriched our work, died last year.

Susan E. Foster, M.S.W., CASA's Vice President and Director of Policy Research and Analysis, is the principal investigator and staff director for this effort. She was ably assisted by CASA Research Associate Darshna P. Modi, M.P.H. and data analyst, Liz Peters. David Man, Ph.D., CASA's librarian, and library assistants Barbara Kurzweil and Ivy Truong were a big help. Jane Carlson, as usual, tackled the administrative chores with efficiency and good spirit.

For the financial support that made this undertaking possible, the Board of Directors of CASA and our staff of professionals extend our appreciation to The Starr Foundation, The Robert Wood Johnson Foundation, the Carnegie Corporation of New York, Primerica Financial Services, the National Institute on Drug Abuse, the National Institute on Alcohol Abuse and Alcoholism and The Abercrombie Foundation.

While many people contributed to this effort, the findings and opinions expressed herein are the responsibility of CASA.

Joseph A. Califano, Jr.

Chapter I
Introduction and Executive Summary

In 1998, states* spent $620 billion of their own funds to operate state government and provide public services such as education, Medicaid, child welfare, mental health and highway safety. A stunning 13.1 percent of that amount--$81.3 billion--went to shoveling up the wreckage of substance abuse and addiction, a problem that too many of us prefer to deny or ignore.

Substance abuse and addiction is the elephant in the living room of state government, overwhelming social service systems, impeding education, causing illness, injury, death and crime, savaging our children--and slapping a heavy tax on citizens of every state.

This $81.3 billion is only part of the cost tobacco, alcohol, illicit and prescription drug abuse and addiction visits on America. It does not include the financial toll such abuse extracts from federal or local spending or the hefty private costs such as lost productivity or premature death. These costs far exceed the burden on state budgets. And, there is no way to measure the cost of human suffering--destroyed lives, broken families, addicted children.

This report is the result of an intensive three year analysis of the impact of substance abuse on state budgets. As part of this unprecedented study, CASA convened an advisory panel of distinguished public officials, researchers and representatives of the National Governors' Association, the National Conference of State Legislatures, the National Association of State Budget Officers and the National Association of State Alcohol and Drug Abuse Directors. To provide additional guidance, CASA formed a team of consultants with vast experience in economics, epidemiology and state government finance and budgeting.

CASA conducted an extensive review of some 400 articles and publications linking substance

* Including the District of Columbia and Puerto Rico.

abuse to public spending. We examined state programs designed to prevent and treat substance abuse or deal with its consequences and consulted with state budget and program officials to understand how these programs are financed. Four other CASA studies documenting the costs of substance abuse to entitlement programs, aid to families and children, prisons and jails and child welfare informed our work, and we built on our detailed assessment of the cost of substance abuse to New York City.[1]

To develop and refine our methodology for this study, CASA selected five states that would provide a cross section in terms of demographics, budgeting practices and data availability--California, Florida, Minnesota, New Jersey and Vermont. CASA conducted detailed site visits in these states between March and August of 1998, and consulted with scores of state officials.

Based on this extensive research, CASA, working with the Fiscal Studies Program of the Rockefeller Institute of Government, developed a survey of substance abuse-related spending for all 50 states, the District of Columbia and Puerto Rico. We pretested it in California, Florida and New York. The survey was administered in September of 1998, and captured spending in 16 budget categories for 47 responding jurisdictions.*

This report reveals for the first time the pervasive impact of substance abuse on state budgets: how little each state spends on prevention and treatment and how much each devotes to shoulder the burden of failure to prevent substance abuse and treat those who are substance abusers and addicts. Among the findings of this report are these:

- State governments spent $81.3 billion in 1998 to deal with substance abuse. This amounts to more than 13 cents of every state budget dollar. Substance abuse is among the largest costs in state budgets, although its impact is hidden in departments and activities that do not wear the substance abuse label.

- Each American paid $277 per year in state taxes to deal with the burden of substance abuse and addiction in their social programs and only $10 a year for prevention and treatment.

- Of every dollar states spend on substance abuse:

  - 95.8 cents goes to pay for the burden of this problem on public programs. Untreated substance abuse increases, for example, the cost of every state's criminal justice system; elementary and secondary schools; Medicaid; child welfare, juvenile justice and mental health systems; highways; and state payrolls. These costs totaled $77.9 billion in 1998.

  - Only 3.7 cents goes to fund prevention, treatment and research programs aimed at reducing the incidence and consequences of substance abuse. State spending for prevention, treatment and research amounted to $3 billion in 1998.

  - One-half of one cent covers costs of collecting alcohol and tobacco taxes and regulating alcohol and tobacco products. Regulation and taxation is an untapped resource to help control spending on the consequences of alcohol and tobacco abuse and addiction. State spending on regulation and compliance was $433 million in 1998.

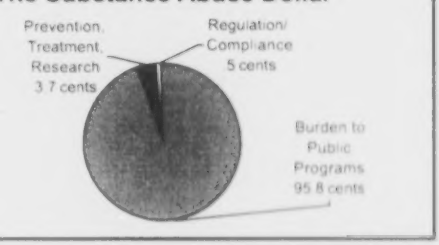
- States spent $24.9 billion in 1998 on the costs of substance abuse to children--an amount comparable to the entire state budget of Pennsylvania. For every $113 states spend on the consequences of substance abuse just for our children, they only spend one dollar on prevention or treatment.

* Indiana, Maine, New Hampshire, North Carolina and Texas did not participate in the survey.

- States spent $30.7 billion in 1998 on the burden of substance abuse on the justice system--for incarceration, probation and parole, juvenile justice and criminal and family court costs of substance-involved offenders. These costs total 4.9 percent of state budgets, more than 10 times the amount that states spent in total for substance abuse treatment and prevention.

Figure 1.A

The Substance Abuse Dollar



- Other areas of significant state spending for failing to prevent or treat substance abuse include:
  - $16.5 billion in education (2.7 percent of state spending),
  - $15.2 billion in health (2.4 percent of state spending),
  - $7.7 billion in child and family assistance (1.2 percent of state spending), and
  - $5.9 billion in mental health and developmental disabilities (0.9 percent of state spending).
- States spend more on the problem of substance abuse than they do on Medicaid ($60.4 billion or 9.7 percent of state budgets) or on transportation ($51.4 billion or 8.3 percent of state budgets). They spend as much on substance abuse as on higher education ($81.3 billion or 13.1 percent of state budgets).
- The drug linked to the largest percentage of state substance abuse costs is alcohol. At least $9.2 billion is spent on alcohol alone, $7.4 billion on tobacco alone and $1.1 billion on illicit drug use only. The remaining spending, $63.6 billion, could not be differentiated by drug, but most of this amount is linked to both alcohol and illegal drug abuse.
- States collected $4.0 billion in alcohol and $7.4 billion in tobacco taxes in 1998 for a total of $11.4 billion. For each dollar in alcohol and tobacco taxes that hit state coffers, states spent $7.13 on the problem of alcoholism and drug addiction--$6.83 to cope with the burden, $0.26 for prevention and treatment and $0.04 to collect taxes and run licensing boards. Few states dedicate revenues to the burden of untreated substance abuse or use alcohol and tobacco tax increases as a way to reduce use by teens.
- On average, of every $100.00 states spend on substance abuse they spend $95.80 on the burden of substance abuse to public programs compared to $3.70 for prevention, treatment and research ($0.50 is spent on regulation and compliance), but state spending varies widely. The proportion spent on shoveling up the wreckage compared to prevention and treatment ranges from to $89.71 vs. $10.22 in North Dakota to $99.94 vs. $0.06 in Colorado. (Table 1.1)

Next Steps

By providing a map of state substance abuse spending, this study establishes a base against which policymakers can judge how to get the biggest bang for their buck. Many studies have demonstrated that carefully designed treatment and prevention initiatives are cost-effective tools in reducing substance abuse and related state costs. For example, Oregon estimated their return on every dollar spent on treatment services to be a $5.62 savings in state costs,

Table 1.1

For Every $100.00 States Spend on Substance Abuse:[a]

[ranked by spending on prevention, treatment and research]

State	Amount Spent on Burden to Public Program	Amount Spent on Prevention, Treatment and Research
North Dakota	$89.71	$10.22
Oregon	91.21	8.61
Delaware	93.72	6.27
Arizona	93.60	6.02
New York	93.96	5.81
Alaska	95.02	4.98
Oklahoma	94.61	4.87
California	95.30	4.32
District of Columbia	95.70	4.30
Washington	91.91	3.79
Massachusetts	96.41	3.59
Illinois	96.45	3.42
Connecticut	96.88	3.12
Nebraska	90.92	3.07
Missouri	96.63	3.04
Idaho	96.71	2.93
South Dakota	97.08	2.92
Pennsylvania	97.03	2.91
Puerto Rico	97.12	2.88
Minnesota	97.13	2.82
Montana	96.75	2.82
Maryland	97.13	2.71
Alabama	93.40	2.67
Mississippi	97.45	2.55
Florida	96.80	2.46
New Jersey	97.06	2.45
Wyoming	96.58	2.42
New Mexico	97.52	2.35
West Virginia	95.80	2.30
Vermont	96.67	2.24
Utah	97.97	2.02
Hawaii	97.99	1.99
Virginia	97.78	1.57
Iowa	98.23	1.56
Kansas	98.38	1.43
Ohio	98.40	1.42
Kentucky	98.62	1.38
Louisiana	98.29	1.36
Nevada	98.68	1.28
Tennessee	98.63	0.96
Arkansas	98.87	0.88
Wisconsin	99.43	0.55
South Carolina	99.69	0.26
Rhode Island	99.60	0.24
Michigan	99.71	0.07
Colorado	99.94	0.06
Georgia[b]	NA	NA
Average[c]	**$95.76**	**$3.70**

[a] The difference between the sum of the columns is the amount spent on regulation/compliance.

[b] Spending on prevention and treatment was not included in survey response.

[c] Throughout this report, "Total" or "Average" refers to the 50 states, Puerto Rico and the District of Columbia.

primarily in the areas of corrections, health and welfare. Since investments in prevention and treatment take time to mature, they will not immediately reduce spending on substance abuse. State policymakers will be challenged to consider the value of returns to the state beyond the two to four year election window; however, over the long run the payoff for taxpayers can be enormous.

To reduce the burden imposed on public programs, CASA recommends a revolution in the way governors and state legislators think about and confront substance abuse and addiction:

- **Investment in prevention and treatment.** The most significant opportunity to reduce the burden of substance abuse on public programs is through targeted and effective prevention programs. If we can keep children from smoking cigarettes, using illicit drugs and abusing alcohol until they are 21, they are virtually certain never to do so. Treatment is also a cost-effective intervention as it both reduces the costs to state programs in the short term and avoids future costs. States should make targeted interventions on selected populations that hold promise for high return:

  - Prisoners whose substance abuse problems make them more likely to return to the criminal justice systems after parole or release.

  - Clients in the mental health system whose substance abuse problems increase the probability that they will cycle back into mental hospitals or emergency rooms.

  - Parents of children in the foster care system whose abuse of alcohol or drugs interferes with their ability to care for their children at home.

Table 1.1

For Every $100.00 States Spend on Substance Abuse:[a]

[ranked by spending on prevention, treatment and research]

State	Amount Spent on Burden to Public Program	Amount Spent on Prevention, Treatment and Research
North Dakota	$89.71	$10.22
Oregon	91.21	8.61
Delaware	93.72	6.27
Arizona	93.60	6.02
New York	93.96	5.81
Alaska	95.02	4.98
Oklahoma	94.61	4.87
California	95.30	4.32
District of Columbia	95.70	4.30
Washington	91.91	3.79
Massachusetts	96.41	3.59
Illinois	96.45	3.42
Connecticut	96.88	3.12
Nebraska	90.92	3.07
Missouri	96.63	3.04
Idaho	96.71	2.93
South Dakota	97.08	2.92
Pennsylvania	97.03	2.91
Puerto Rico	97.12	2.88
Minnesota	97.13	2.82
Montana	96.75	2.82
Maryland	97.13	2.71
Alabama	93.40	2.67
Mississippi	97.45	2.55
Florida	96.80	2.46
New Jersey	97.06	2.45
Wyoming	96.58	2.42
New Mexico	97.52	2.35
West Virginia	95.80	2.30
Vermont	96.67	2.24
Utah	97.97	2.02
Hawaii	97.99	1.99
Virginia	97.78	1.57
Iowa	98.23	1.56
Kansas	98.38	1.43
Ohio	98.40	1.42
Kentucky	98.62	1.38
Louisiana	98.29	1.36
Nevada	98.68	1.28
Tennessee	98.63	0.96
Arkansas	98.87	0.88
Wisconsin	99.43	0.55
South Carolina	99.69	0.26
Rhode Island	99.60	0.24
Michigan	99.71	0.07
Colorado	99.94	0.06
Georgia[b]	NA	NA
Average[c]	**$95.76**	**$3.70**

[a] The difference between the sum of the columns is the amount spent on regulation/compliance.

[b] Spending on prevention and treatment was not included in survey response.

[c] Throughout this report, "Total" or "Average" refers to the 50 states, Puerto Rico and the District of Columbia.

primarily in the areas of corrections, health and welfare. Since investments in prevention and treatment take time to mature, they will not immediately reduce spending on substance abuse. State policymakers will be challenged to consider the value of returns to the state beyond the two to four year election window; however, over the long run the payoff for taxpayers can be enormous.

To reduce the burden imposed on public programs, CASA recommends a revolution in the way governors and state legislators think about and confront substance abuse and addiction:

- **Investment in prevention and treatment.** The most significant opportunity to reduce the burden of substance abuse on public programs is through targeted and effective prevention programs. If we can keep children from smoking cigarettes, using illicit drugs and abusing alcohol until they are 21, they are virtually certain never to do so. Treatment is also a cost-effective intervention as it both reduces the costs to state programs in the short term and avoids future costs. States should make targeted interventions on selected populations that hold promise for high return:

  - Prisoners whose substance abuse problems make them more likely to return to the criminal justice systems after parole or release.

  - Clients in the mental health system whose substance abuse problems increase the probability that they will cycle back into mental hospitals or emergency rooms.

  - Parents of children in the foster care system whose abuse of alcohol or drugs interferes with their ability to care for their children at home.

- Welfare recipients whose substance abuse interferes with their ability to be self-supportive.
- Youth in the juvenile justice system who are substance-involved.
- Children of substance-abusing individuals in the criminal justice system who have an increased likelihood of both abusing substances and committing crimes.
- Children of substance-abusing parents who have a higher likelihood of both abusing substances and neglecting and abusing their own children.
- Children of substance-abusing welfare recipients who have a greater likelihood of both abusing substances and being on welfare.
- Substance-abusing pregnant women and their partners.
- Alcohol- and drug-involved drivers.

- **Expansion of use of state powers of legislation, regulation and taxation to reduce the impact of substance abuse.** States have available a range of legislative, regulatory and tax powers to reduce the impact of substance abuse on state budgets. For example, states can:
  - Eliminate mandatory sentences for drug and alcohol abusers and addicts. When prisoners are required to serve their entire sentence without the option of parole or early release, the state loses the carrot of early release that can help persuade them to enter treatment and the stick of parole that can motivate them upon release to continue treatment and aftercare.
  - Require treatment for substance-abusing individuals in state-funded programs: prisons, probation, parole, welfare, juvenile justice, education, mental health, child welfare. Also require treatment for substance-abusing state employees and for those convicted of alcohol- and drug-related traffic violations. Coerced treatment is as effective as voluntary treatment and threat of incarceration or loss of benefits can provide the needed incentive to move toward recovery.[2]
  - Increase taxes on alcohol and tobacco. Increases in price for alcohol and tobacco lead to decreases in the amount people, especially youth consume.[3] California has combined a $.75 tax increase per pack of cigarettes with a public health campaign to achieve a 14 percent decrease in lung cancer over the past 10 years,[4] and Maine's doubling of tobacco taxes and anti-smoking campaign have yielded a 27 percent decline in smoking among high school students.[5] As early as 1981, a study showed that a 10 percent increase in the real price of cigarettes leads to a 12 percent decrease in consumption among 12- to 17-year olds.[6] Other studies have shown that a one percent increase in the price of beer results in a one percent decrease in traffic fatalities,[7] and that doubling of the federal beer tax would reduce total robberies by 4.7 percent and murders and rapes by three percent.[8]
  - Step up regulation and enforcement of the prohibition of alcohol and tobacco sales to minors. Point of sale inspections, tougher sanctions against offending retailers, and establishing a licensing system for tobacco sale, can reduce regular cigarette use among 12- to 13-year olds by 44 to 69 percent.[9] By rigorous enforcement, Louisiana reduced the number of stores selling tobacco products to minors from 75 percent in 1996 to seven percent in 1999.[10]
  - Include questions about substance abuse on licensing examinations for teachers,

social workers, health care professionals, corrections and juvenile justice staff and court personnel.

- Dedicate taxes from tobacco and alcohol sales to prevention, treatment and coping with the burden of substance abuse and addiction.

- **Management for better results.** States should set targets for reducing the impact of substance abuse on their budgets and install management practices to achieve them.

  - Train teachers, health care workers, social service, criminal and juvenile justice staff and court personnel to implement comprehensive screening for substance abuse in programs that bear a significant burden in coping with its consequences. For example, CASA's research shows that even though at least 70 percent of child welfare cases are caused or exacerbated by alcohol and drug abuse, case workers are not properly trained to assess and screen parents for such abuse.

  - Assure that individuals who screen positive are given full assessments and receive timely, appropriate and effective treatment, including relapse management.

  - Establish systems to measure the cost-effectiveness of prevention and treatment programs, including regulatory and tax policies aimed at curbing use, in order to concentrate resources on interventions that will provide the highest return on investment for the states and the greatest benefits for individuals.

  - Require state agencies to report on the short and long term results of substance abuse-related investment strategies in the budget process. The state budget process is the only context in state government where the impact of a problem can be viewed across budget categories. If investments are to succeed, budget officers and policymakers will track the returns across budget categories and examine projected versus actual returns on investments in current budget and out years.

  - Place responsibility for managing state substance abuse-related investments in a designated state agency.

  - Invest in research and evaluation of cost-effective substance abuse prevention and treatment policies and programs.

> *I will exert presidential leadership to send the clear and consistent message that drug abuse is dangerous and wrong. And I will help marshal resources at every level starting with parents, schools and communities closest to the needs of young Americans--to turn back the tide of drug abuse.*[11]
>
> --Governor George W. Bush
> Texas

Chapter I

Notes

[1] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1996)
[2] National Institute on Drug Abuse. (1999)
[3] Abel, E. L. (1998); Grossman, M., Chaloupka, F.J., & Sirtalan, I. (1998)
[4] Associated Press. (December 1, 2000)
[5] Nacelewicz, T. (September 30, 2000)
[6] Lewit, E. M., Coate, D., & Grossman, M. (1981)
[7] Ruhm, C. J. (1996)
[8] Grossman, M., Sindelar, J. L., Mullahy, J., & Anderson, R. (1993).
[9] Abel, E. L. (1998); Grossman, M., Chaloupka, F.J., & Sirtalan, I. (1998)
[10] Ritea, S. (November 10, 1999)
[11] Bush-Cheney 2000. (2000)

Chapter II
The Elephant in the Living Room

Substance abuse spending historically has registered as a minor blip on the radar screen of state budgeting. As the insidious links between substance abuse and crime, violence, family breakup, child abuse and neglect, traffic accidents, disease and disability have been uncovered, state policymakers have begun to understand that substance abuse and their associated costs impose greater burdens on state budgets than previously imagined.

Previous CASA studies have demonstrated the tight connection between substance abuse and crime, child welfare, welfare and health.[1] This unprecedented report reveals that states are spending $81.3 billion dollars each year on substance abuse and addiction or 13.1 percent of their state budgets. Most disturbing is that 96 percent of this spending goes to shoulder the burden of our failure to prevent and treat substance abuse and addiction--cleaning up the destruction caused by the elephant of substance abuse in the living room of state government.

While this report focuses on state dollars spent on substance abuse and addiction, it is important to note that these funds are not the whole picture. According to the Office of National Drug Control Policy, the federal government spent approximately $16 billion in 1998 for prevention, treatment and law enforcement related to this problem[2] and many more billions to cope with the consequences through programs such as child welfare, corrections, special education, Indian Health, Medicare and Medicaid. Significant portions of these funds are channeled through the states.

Local governments spend billions each year as well. The private sector also is burdened with many costs: lost productivity, higher insurance rates and facility security. And, the human costs of pain and suffering, broken families, neglected and abused children, lives shattered by drunk drivers, domestic violence or teen pregnancy are incalculable. Taken together, these costs make

substance abuse the number one domestic problem facing our nation.

> *In our state, and I suspect this of other states as well, the total costs associated with substance abuse and addiction far exceed the total budget of our state government.*[1]
>
> --Ben Brown
> Deputy Commissioner, Substance Abuse Services
> (former State Senator) Oklahoma

This report is designed to:

- Reveal the true impact, often hidden, that substance abuse has on the costs of state government;
- Document the substance abuse bill to states, itemized by expenditures on prevention, treatment and research; regulation and compliance; and the burden to public programs of not preventing and treating substance abuse; and,
- Illustrate the value of more cost-effective state investments.

Uncovering the Hidden Costs of Substance Abuse to State Budgets

Most previous attempts to document costs of substance abuse have focused on the overall economic costs to society of abuse of drugs, alcohol and tobacco.[4] These studies have been valuable, but none has provided comprehensive, detailed estimates of costs to state government.* Other efforts have estimated the costs of substance abuse to selected government programs such as healthcare,[5] federal entitlement programs,[6] prisons and jails[7] and child welfare.[8] The narrow focus of these studies has not provided policymakers with a sense of the aggregate state--and state-by-state impact--of substance abuse and addiction on spending across budget categories.

To create a map of substance abuse spending in each state, CASA--with help from the Fiscal Studies Program, Rockefeller Institute of Government--administered a survey in September of 1998 to all 50 states, the District of Columbia and Puerto Rico. Forty-five states, Puerto Rico and the District of Columbia completed the survey.† The participating jurisdictions constitute approximately 90 percent of total state budget spending for the nation and 87 percent of the population.

To determine which state programs to include in the study, CASA reviewed some 400 articles and publications on the consequences of substance abuse to government programs, and identified programs designed to prevent or treat substance abuse or deal with its consequences. CASA focused on those programs where the most significant spending was caused or exacerbated by substance abuse.

CASA conducted extensive site visits in five states[9]--California, Florida, Minnesota, New Jersey and Vermont--between March and August of 1998 to understand how these programs are financed and to determine the most efficient and effective way to gather the spending data. These five states were chosen to provide a cross section in size, geographic location, demographics, economics, budget process and practices, substance abuse programming and services, data availability and capacity to document performance. CASA conducted scores of in-depth interviews with state officials and their staffs in order to identify ways to develop a cost base that was accurate and consistent with the way in which programs are organized and administered in different states.

CASA also consulted with numerous state budget and program officials to inform the list of government programs that are affected by substance abuse and to learn what, if anything, had already been done to track state substance abuse costs. A handful of states had already focused on the problem. Oklahoma, Maine,

* For a review of these studies, see Appendix B, Methodology.

† Indiana, Maine, New Hampshire, North Carolina and Texas did not participate in the survey.

Texas and Washington had estimated costs of this problem to the economy of their states. California had itemized state spending on the prevention and treatment of substance abuse.[10]

State budget officers were selected as the appropriate target for data collection because they have the broadest view and deepest expertise. To capture as much of the spending associated with a particular program as possible, CASA designed a survey instrument requesting data on State Fiscal Year 1998 spending, excluding federal and local funds.* CASA pre-tested the questionnaire in three states: California, Florida and New York to be certain it would elicit the desired information.

Linking Expenditures to Substance Abuse

Substance abuse causes and exacerbates costs states bear. Certain cancers, for example, may be caused by smoking or drinking or both, or abuse of these substances may be a contributing factor to the illness (e.g., an estimated 88 percent of lung cancers in men are attributable to smoking and 13 percent of stomach ulcers are attributable to alcohol abuse).[11] Likewise, addiction may actually cause child abuse and neglect, violent crime or mental illness or it may be one of the contributing factors. The bottom line for states is that substance abuse must be treated or prevented in order to reduce spending and avoid future costs.

This report establishes the categories of state spending tightly linked to tobacco, alcohol and drug (e.g., marijuana, cocaine, heroin, LSD) abuse--the targets for policy intervention.

* State spending includes general funds (predominant funds for financing a state's operations received from broad-based state taxes) and non-general funds (revenue sources restricted by law for particular governmental functions or activities, such as a gasoline tax dedicated to a highway trust fund or expenditures from the sale of bonds dedicated to capital projects).

Weighing the Elephant

The 47 jurisdictions that responded to CASA's survey reported spending of $67.6 billion that can be directly linked to substance abuse and addiction. CASA estimates that spending associated with substance abuse in the five nonparticipating states and for certain categories of spending not supplied by the participating states equals approximately $13.7 billion.† The sum of these two amounts ($67.6 billion and $13.7 billion) equals $81.3 billion or 13.1 percent of the $620 billion total state budget spending in 1998.

Substance abuse has a huge effect on the financial health of government at all levels. Yet, when we look in state budgets for spending specifically marked "substance abuse," we find only the funds allocated to treatment and prevention programs. Most substance abuse costs are hidden in departments and activities that do not wear the substance abuse label, for example, corrections, aid to education, Medicaid, child welfare and mental health, transportation and absenteeism costs of state employees. (Table 2.1)

Table 2.1
Substance Abuse Spending by Category ($000)

Prevention, Treatment and Research	$ 3,011,104
Burden to State Programs	
Justice	30,655,320
Education (Elementary/Secondary)	16,498,585
Health	15,167,270
Child/Family Assistance	7,721,990
Mental Health/Developmentally Disabled	5,887,766
Public Safety	1,507,447
State Workforce	407,926
Regulation/Compliance	433,070
Total	**$81,290,479**

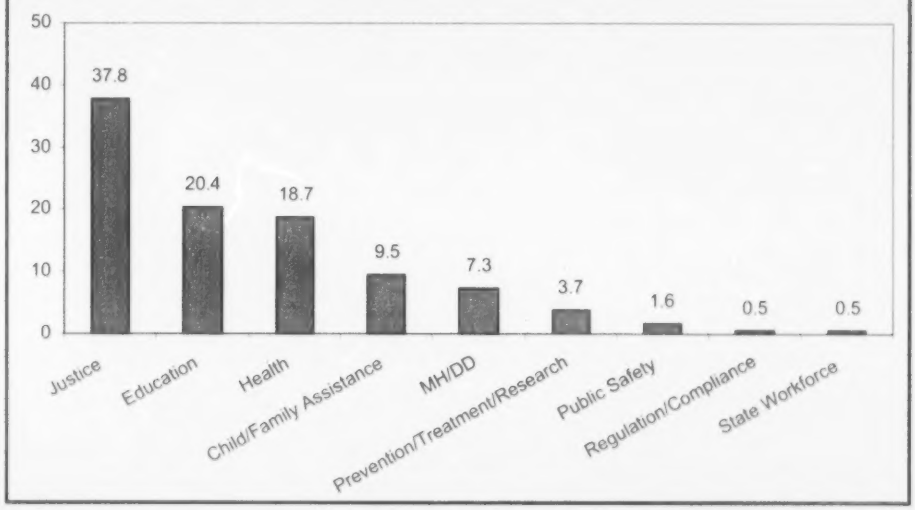
Among the troubling findings of this report is that states spend more on substance abuse than on Medicaid ($70.3 billion or 11.3 percent of state budgets‡) or transportation ($51.4 billion or 8.3 percent of state budgets).* Indeed, states

† See Appendix B, Methodology.
‡ Total state spending for Medicaid and transportation includes costs linked to substance abuse.

spend as much on substance abuse and addiction as on higher education ($81.3 billion or 13.1 percent of state budgets).

Figure 2.A

Percent of Substance Abuse Spending by Category



These estimates of state spending on substance abuse and addiction are in fact low. Several areas of state spending have been left out of the CASA analysis because data are not available to quantify the connection to substance abuse, even though practice and common sense suggest a link. Costs omitted from CASA's calculations include the costs of lost productivity, of attributable health care of state employees, of state police and state subsidies for local law enforcement linked to illicit drugs, of civil courts for divorce, domestic disputes, small claims and other larger civil litigation cases, and of regulation, enforcement, health care and lost productivity in higher education. A second reason why these cost estimates are low is that CASA has used conservative estimates of spending where limited data exist. For example, individuals who smoke or abuse alcohol have more frequent, longer and more severe illnesses. These costs are not included in our analysis because of constraints of available data. (Appendix B, Methodology)

Of the $81.3 billion states spent in 1998 on problems associated with substance abuse, $77.9 billion (12.6 percent of the state budget) was spent to carry the burden of substance abuse in state programs. Only $3.0 billion or one-half of one percent (.5 percent) of total state budgets, was spent on programs directly aimed at preventing or reducing it. States spent $433 million (.07 percent of the state budget) regulating alcohol and tobacco and collecting taxes. Figure 2.A shows the percent distribution of the $81.3 billion in state substance abuse spending by category. The largest share is linked to the burden of substance abuse on the justice system.

State Spending by Drug

The largest portion of state substance-linked costs ($63.6 billion), cannot be disaggregated by drug. Research suggests that most of these costs are associated with both alcohol and illicit drugs.[12]

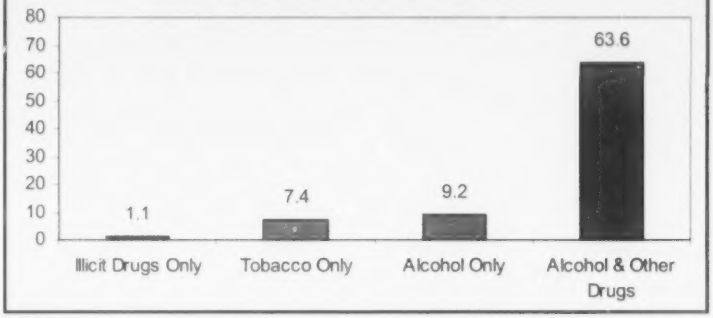
Addicts and abusers commonly abuse more than one substance.[13] CASA's own research shows that 31 percent of substance-involved juvenile arrestees and 43 percent of substance-involved adult arrestees use both alcohol and drugs.[14] Other CASA research suggests that over 80 percent of substance-involved parents who neglect or abuse their children abuse both alcohol and drugs.[15]

In another study, 60 percent of men and 30 percent of women diagnosed as drug dependent

also reported abusing alcohol.[16] Other studies show that 70 percent of substance-abusing pregnant women also smoke cigarettes, and 83 percent of pregnant and postpartum cocaine- and heroin-addicted women report drinking heavily.[17] Some two-thirds of those 13 and older who use illicit drugs also drink alcohol.[18] Use and abuse of multiple substances is even more characteristic of severe substance abusers, who are the individuals most likely to end up in state prisons, mental health or public assistance systems, or with children in foster care.[19]

Figure 2.B

Estimated Substance Abuse Spending by Substance ($ in Billions)



CASA's analysis revealed a few cost categories where only a single category of substances is implicated. (Figure 2.B) For instance, CASA identified $1.1 billion in state spending linked to illicit drug use only: $574 million for public safety costs for drug enforcement programs; $114 million for drug courts; and $412 million linked to illegal drugs in state spending on Medicaid.

CASA estimates that $7.4 billion in state spending is linked exclusively to tobacco through state Medicaid spending.

The single drug linked to the largest percentage of state costs is alcohol. We were able to identify $9.2 billion in state spending linked to only to alcohol in addition to the costs associated with abuse of both alcohol and illegal drugs: $915 million on highway safety and local law enforcement associated with drunk driving; $837 million in state costs for the developmentally disabled as a result of fetal alcohol syndrome; and, $7.4 billion in state Medicaid costs.

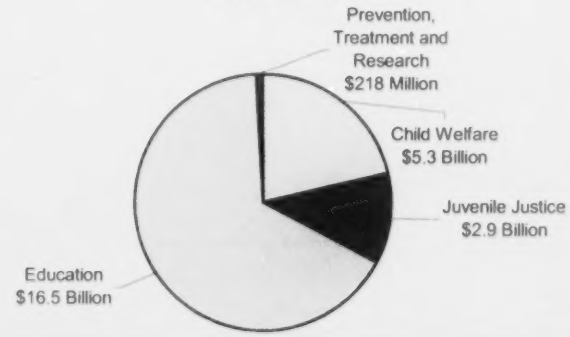
State Spending for Children

One of the most striking findings of the CASA analysis is that in 1998 states spent at least $24.9 billion on the costs of substance abuse to children--an amount comparable to the entire state budget of Pennsylvania. Of this amount, $24.7 billion was spent on all the consequences to them while only $218 million went to prevention and treatment for children. (Figure 2.C)

The largest share of state substance abuse spending for children was on the burden of substance abuse to the education system--$16.5 billion. For those children who are victims of child abuse and neglect, states spent $5.3 billion on foster care costs, independent living programs, in preparing children and families for adoptions, and other child welfare programs. States spent another $2.9 billion for substance-involved youth in the state juvenile justice system.

Figure 2.C

The Costs of Substance Abuse to Children $24.9 Billion


Prevention, Treatment and Research $218 Million
Child Welfare $5.3 Billion
Juvenile Justice $2.9 Billion
Education $16.5 Billion

For every $113 states spend on the consequences of substance abuse just for our children, they only spend one dollar on prevention and treatment for them. This is perhaps the worst example of current investment policies because of the enormous payoff that could be realized by preventing addiction in the first place. CASA's research has shown that if we can keep a child from smoking cigarettes, using illicit drugs or abusing alcohol until they are 21, they are virtually certain never to do so [20] Solving the addiction problem in America is all about investing in children.

Chapter II

Notes

[1] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1993, 1994a, 1994b, 1998 & 1999)
[2] Office of National Drug Control Policy. (2000), p. 90
[3] Ben Brown, Deputy Commissioner for Substance Abuse Services, Oklahoma Department of Mental Health and Substance Abuse Services (personal communication, January 11, 2001).
[4] Harwood, H., Fountain, D., & Livermore, G. (1998); Rice, D. P. (1993)
[5] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1993 & 1994a)
[6] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1995)
[7] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998)
[8] Geen, R., Boots, S.W., & Tumlin, K.C. (1999); The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999)
[9] The National Center on Addiction and Substance Abuse (CASA) at Columbia University contracted with Dall W. Forsythe, Ph. D., former state budget director of New York and former director of public finance with Lehman Brothers, and Brian Roherty, former state budget director of Wisconsin and Minnesota and former Director of the National Association of State Budget Officers (NASBO), to help choose states and set up interviews.
[10] Gerstein, D., Johnson, R. A., Harwood, H. J., Fountain, D., Suter, N., & Malloy, K. (1994)
[11] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1993)
[12] Feldman, J. G., Minkoff, H. L., McCalla, S., & Salwen, M. (1992); Harwood, H., Fountain, D., & Livermore, G. (1998); Kandel, D. B. (as cited in O'Brien, C. P. & Jaffe, J. H., 2000); Smith, I. E., Dent, D. Z., Coles, C. D., & Falek, A. (1992)
[13] Harwood, H., Fountain, D., & Livermore, G. (1998), p. 2-3
[14] The National Center on Addiction and Substance Abuse (CASA) at Columbia University analysis of Arrestee Drug Abuse Monitoring (ADAM) Data, 1997. (Unpublished data, 2000)
[15] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999)
[16] Kandel, D. B. (as cited in O'Brien, C. P. & Jaffe, J. H., 2000)
[17] Feldman, J. G., et al. (1992); Smith, I. E., et al. (1992)
[18] Harwood, H., Fountain, D., & Livermore, G. (1998). p. 2-3
[19] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998 & 1999)
[20] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1995); The National Center on Addiction and Substance Abuse (CASA) at Columbia University analysis of the 1997 National Household Survey on Drug Abuse. (Unpublished data, 1999); Boleyn, J. (August 10, 2000), p. 8

Chapter III
The Elephant: State Spending on the Burden of Substance Abuse to State Programs

Of the $81.3 billion states spent on substance abuse in 1998, $77.9 billion were spent shoveling the wreckage of this enormous health and social problem. These clean-up costs equal 12.6 percent of the total $620 billion in state spending for 1998. (Table 3.1)

Almost ninety-six (95.8) cents of every state dollar spent on substance abuse goes to carry its burden in state programs such as criminal justice, school aid, Medicaid, child welfare, developmental disabilities and mental illness because of our failure to prevent substance abuse and treat those who are abusers and addicts.

The Distribution of the Substance Abuse Burden

Spending to shoulder the burden of substance abuse in public programs is like pouring oil into the leaky crankcase of a car--a costly and at best temporary solution. This report seeks to disclose the size and shape of the leak and how prevention and treatment can plug the holes.

State spending leaks occur in seven major budget categories: justice, education, health, child and family assistance, mental health and developmental disabilities, public safety and state workforce.* (Table 3.2). To cope with the burden of substance abuse and addiction, states spend an amount equal to $287 for every person in America. (Table 3.3)

* The full methodology for how CASA arrived at these estimates is detailed in Appendix B.

Table 3.1

Burden of Substance Abuse on State Programs[a]

State	Percent of State Budget	Amount ($000)
New York	16.9	$ 8,149,194
Massachusetts	16.8	2,604,036
Minnesota	16.4	1,972,898
California	15.2	10,428,036
District of Columbia	14.9	411,092
Montana	14.9	247,504
Pennsylvania	14.0	3,402,244
Missouri	12.5	1,325,791
Colorado	12.4	845,375
Alabama	12.2	1,118,140
Illinois	12.2	2,766,735
Michigan	12.2	2,731,964
Vermont	11.9	130,343
Virginia	11.5	1,758,502
Utah	11.4	489,760
Rhode Island	11.3	298,230
South Dakota	10.6	125,216
Idaho	10.5	229,239
Maryland	10.2	1,251,911
Ohio	10.2	2,903,903
New Jersey	10.1	1,970,489
West Virginia	10.1	324,567
Washington	10.0	1,387,147
Oklahoma	10.0	667,486
Louisiana	9.9	1,040,768
Tennessee	9.9	918,728
New Mexico	9.7	455,956
Georgia	9.7	1,567,708
Delaware	9.6	344,505
Wisconsin	9.4	1,413,409
Florida	9.4	3,051,652
Alaska	9.4	307,734
Kansas	9.3	575,085
Kentucky	9.2	943,766
Iowa	9.2	720,839
Mississippi	9.1	474,179
Arizona	9.0	871,595
Nevada	9.0	466,801
Hawaii	8.4	429,041
Oregon	8.2	823,132
Arkansas	7.7	513,031
Wyoming	7.5	111,296
Nebraska	7.4	264,665
Connecticut	7.4	846,136
North Dakota	7.3	88,879
South Carolina	6.6	597,474
Puerto Rico	6.0	872,996
Average	**12.6**	**$1,497,044**

[a] State programs include justice, education, health, child/family assistance, mental health/developmental disabilities, public safety and state workforce.

Table 3.3

Per Capita Burden of Substance Abuse on State Programs[a]

State	Per Capita
District of Columbia	$777
Alaska	505
Delaware	469
New York	449
Massachusetts	426
Minnesota	421
Hawaii	361
California	324
Rhode Island	302
Pennsylvania	283
Montana	282
Michigan	279
Nevada	279
Wisconsin	272
New Mexico	265
Virginia	261
Alabama	259
Connecticut	259
Ohio	259
Oregon	254
Iowa	253
Washington	248
Maryland	246
Missouri	245
New Jersey	245
Kentucky	242
Louisiana	239
Utah	237
Wyoming	232
Illinois	230
Puerto Rico	228
Vermont	221
Kansas	220
Colorado	217
Georgia	209
Florida	208
Arkansas	203
Oklahoma	201
Arizona	191
Idaho	189
West Virginia	179
Mississippi	174
South Dakota	171
Tennessee	171
Nebraska	160
South Carolina	158
North Dakota	139
Average	**$287**

[a] State programs include justice, education, health, child/family assistance, mental health/developmental disabilities, public safety and state workforce.

Table 3.2
Burden of Substance Abuse on State Programs by State Budget Sector

State Budget Sectors	$ in Millions	Percent of Burden on State Programs	Per Capita Spending
Justice	**$30,655**	39.4	**$113**
Adult Corrections	24,141		89
Juvenile Justice	2,889		11
Judiciary	3,625		13
Education (Elementary/Secondary	**16,498**	21.2	**61**
Health	**15,167**	19.5	**56**
Child/Family Assistance	**7,721**	9.9	**28**
Child Welfare	5,298		20
Income Assistance	2,423		9
Mental Health/Developmental Disabilities	**5,887**	7.6	**22**
Mental Health	5,050		3
Developmental Disabilities	837		19
Public Safety	**1,507**	1.9	**6**
State Workforce	**408**	.5	**2**
Total*	**$77,846**[a]	**100.0**	**$287**[b]

* Numbers do not add due to rounding.

[a] State spending on the burden of substance abuse to public programs totals $77.846 billion. Spending for prevention, treatment and research equals $3.011 billion and spending for regulation and compliance totals $.433 million. The combined total equals $81.290 billion. CASA has rounded total spending to $81.3 billion and spending on the burden to state programs to $77.9 billion.

[b] In this report, CASA has used population estimates for 1997 from the U.S. Census Bureau to calculate per capita spending.

Justice

In 1998, states spent a total of $39.7 billion for justice-related programs in adult corrections, juvenile justice and the judiciary amounting to 6.3 percent of their budgets.* Of this amount, $30.7 billion (77 percent) was linked to substance abuse.

> *What we all have to understand is that there's a connection--a real connection--between substance abuse and violence....It's a vicious cycle and its got to be broken.*[1]
>
> --Governor Tom Vilsack
> Iowa

State spending for substance abuse in the justice system amounts to over one-third (39.4 percent) of the $77.9 billion states spend on the burden of substance abuse to state programs--10 times the amount states spend on all substance abuse prevention, treatment and research.

Adult Corrections

States spent $29.8 billion in 1998 for adult corrections including incarceration, probation and parole. Eighty-one percent of this amount ($24.1 billion) was spent on substance-involved offenders.† Of the $24.1 billion, $21.4 billion went to run and build prisons to house substance-involved offenders, $1.1 billion for parole and $695 million for probation for substance-involved offenders. An additional $899 million was spent on state aid to localities to for substance-involved offenders. (Figure 3.A)

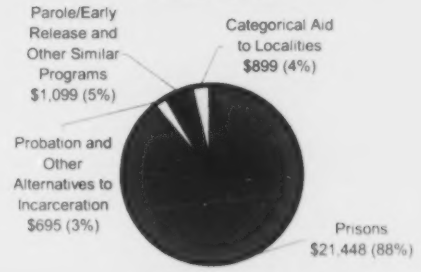
> *Punishing someone by keeping them in prison is no longer effective. We need to break their habit.*[2]
>
> --Representative John Freeman
> Chair, House Corrections Committee
> Michigan

* Total state expenditures are estimated based on CASA analysis unless otherwise noted.

† The term "substance-involved offender" refers to an inmate with one or more of the following characteristics: ever used illegal drugs regularly; convicted of a drug law violation; convicted of a DUI; under the influence of drugs and/or alcohol during the crime that led to incarceration; committed offense to get money for drugs; had a history of alcohol abuse.

Figure 3.A

Burden of Substance Abuse on Adult Corrections ($ in Millions) Total=$24,140


Parole/Early Release and Other Similar Programs $1,099 (5%)
Categorical Aid to Localities $899 (4%)
Probation and Other Alternatives to Incarceration $695 (3%)
Prisons $21,448 (88%)

The largest percentage of the $77.9 billion states spent on the burden of substance abuse to state programs (31.1 percent) was in the area of adult corrections.

Juvenile Justice

States spent a total of $4.4 billion in 1998 for juvenile detention and corrections and for construction and maintenance of juvenile correctional facilities. Of this amount, an estimated 66.3 percent or $2.9 billion was spent on substance-involved youth. Of the total amount states spend on the burden of substance abuse to public programs, 3.7 percent is spent in the area of juvenile justice.

Judiciary

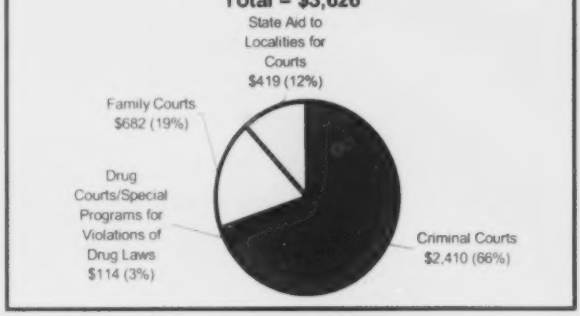
> *The goal of the [family] court is to identify juveniles with drug problems before they become habitual criminal offenders, and to provide them with the intensive treatment they need.*[5]
>
> --Jeremiah S. Jeremiah, Jr.
> Chief Judge, Family Court
> Rhode Island

The judicial system is carved into several branches--criminal, family, civil and drug courts (which may be further differentiated into family drug courts or juvenile drug courts). In many states, juvenile cases are administered under the family court system. For all these functions, except civil courts, states spend approximately $4.5 billion each year.* The substance abuse tab for state courts is, at a minimum, 80 percent of this total or $3.6 billion each year.

By far, the largest portion of state substance abuse spending in the judiciary is associated with criminal courts, totaling $2.4 billion. The remaining funds are expended in the family courts ($682 million), state aid to local courts ($419 million) and drug courts ($114 million). (Figure 3.B)

Figure 3.B

Burden of Substance Abuse on the Judiciary ($ in Millions) Total = $3,626


State Aid to Localities for Courts $419 (12%)
Family Courts $682 (19%)
Drug Courts/Special Programs for Violations of Drug Laws $114 (3%)
Criminal Courts $2,410 (66%)

The substance abuse-related costs borne by the courts equal 4.6 percent of the total $77.9 billion states spend on the burden of substance abuse to public programs.

Education

In 1998, states spent approximately $165 billion or 26.6 percent of their state budgets on elementary and secondary education. CASA estimates that 10 percent of this amount or $16.5 billion was spent coping with the impact of substance abuse in our elementary and secondary schools. This is an especially conservative estimate because of limited data; actual costs are likely much higher. Total costs of substance abuse to public schools

* Civil courts were not included in our analysis because of the lack of available data linking these costs to substance abuse.

likely double when taking into account local spending.

> *...the frightening results of a survey on school discipline...listed the top five problems to be drug abuse, alcohol abuse, pregnancy, suicide and rape. The State [has] an important role to play in ensuring that every child in Colorado has a drug-free and crime-free school.*[4]
>
> --Governor Bill Owens
> Colorado

Of total state spending on the burden of substance abuse to public programs, 21.2 percent falls to the schools--five and one-half times more than states spend on all prevention, treatment and research.

CASA did not include estimates of the cost of substance abuse to higher education due to the lack of available data.

Health

Health care spending is the second largest component of state budgets, after elementary and secondary education. In 1998, states spent about $60.4 billion (9.7 percent) of their own funds to finance health care under the Medicaid program, the federal-state program of health insurance for the poor and medically needy, and to finance health care costs for people who do not qualify for Medicaid.* [5] The burden of substance abuse drained more than $15.1 billion dollars (25.1 percent) from state health care budgets.

Nearly all of these expenditures ($14.4 billion) are state funds for the Medicaid program. Other health insurance programs, health programs for persons with special needs and general assistance medical care account for the remaining $700,000 in state expenditures. (Table 3.4)

Substance abuse-related spending for health care amounts to 19 percent of the $77.9 billion states spend on the burden of substance abuse to public programs. States pay five times the total amount they spend on prevention, treatment and research just to cope with the health consequences of substance abuse and addiction.

Table 3.4
Burden of Substance Abuse on Health Care

State Budget Sector	$ in Millions
Medicaid	$14,382
Other health insurance programs	321
General assistance in medical care	244
Programs for people with special health needs	219
Total*	**$15,167**

* Numbers do not add due to rounding.

Child and Family Assistance

States spent $24.0 billion in 1998 on child welfare and income support programs. Of this amount, $7.7 billion (32.1 percent) is linked directly to substance abuse. (Table 3.5)

Table 3.5
Burden of Substance Abuse on Child and Family Assistance

State Budget Sector	$ in Millions
Child Welfare	$5,298
Income Support	2,423
Total	**$7,721**

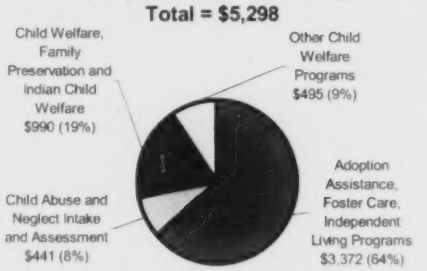
Of the $77.9 billion states spend to carry the burden of substance abuse in public programs, 9.9 percent is devoted to child and family assistance programs. States report spending more than two and one-half times more responding to the problem of substance abuse in child and family assistance programs than they do for all prevention, treatment and research.

Child Welfare

In 1998, states spent $7.6 billion of their own revenues on the child welfare system. Of this amount, at least 70 percent or $5.3 billion is caused or exacerbated by substance abuse and addiction. The largest share of spending was for adoption assistance, foster care and independent living programs ($3.4 billion). (Figure 3.C) These

* Other state funded health care programs include those for child health care, prenatal care and HIV infected patients eligible for general assistance.

Figure 3.C
Burden of Substance Abuse on Child Welfare ($ in Millions)
Total = $5,298


Child Welfare, Family Preservation and Indian Child Welfare $990 (19%)
Other Child Welfare Programs $495 (9%)
Adoption Assistance, Foster Care, Independent Living Programs $3,372 (64%)
Child Abuse and Neglect Intake and Assessment $441 (8%)

costs signal the potential for future trouble since children who are neglected or abused by a substance-involved parent are more likely to abuse their own children and to become substance abusers.

Substance abuse spending for child welfare equals 6.8 percent of the total $77.9 billion states spent on the negative consequences of alcohol and drug addiction to public programs.

Income Support Programs

Total state spending for income support was $16.4 billion in 1998 for Temporary Assistance to Needy Families (TANF), General Assistance and state supplements to the Supplemental Security Income Program (SSI). Of this amount, a conservative estimate of $2.4 billion (15 percent) supports individuals with substance abuse problems.

Of the $77.9 billion states spend on the burden of substance abuse, 3.1 percent goes for income support.

TANF and General Assistance. Total state spending for the TANF program in 1998 was $10.8 billion; for general assistance $1.1 billion. States spent at least 20 percent of these amounts or $2.4 billion to pay for the effects of substance abuse on our welfare system--$2.2 billion through the TANF program and $223 million in General Assistance. These estimates are obviously low because of limited data in the General Assistance program and CASA's use of a conservative estimate for the TANF program.

SSI. In 1998 states spent $4.5 billion in supplemental payments for individuals receiving Supplemental Security Income (SSI). An extremely conservative estimate of one percent of this amount or $45 million underwrites costs linked to substance abuse.

Mental Health/Developmental Disabilities

In the areas of mental health and developmental disabilities, states spent $19.3 billion in 1998 of their own revenues. An estimated $5.9 billion (30.6 percent) of it was spent on treatment of some co-occurring mental health problem or developmental disability caused or exacerbated by substance abuse and addiction. (Table 3.6)

Table 3.6
State Spending on the Burden of Substance Abuse
Mental Health/Developmental Disabilities

State Budget Sector	$ in Millions
Mental health programs	$4,848
Developmentally disabled programs	824
Mental health facilities	202
Developmentally disability facilities	12
Total*	**$5,887**

* Numbers do not add due to rounding.

The impact of substance abuse on the mental health and developmental disabilities systems amounts to 7.6 percent of the $77.9 billion states spend on the burden of substance abuse. For every dollar states report spending on substance abuse prevention, treatment and research, they spend two dollars to deal with its burden in programs for the mentally ill and developmentally disabled.

Mental Health

State spending in 1998 on mental health programs totaled $10.0 billion. An estimated 50.9 percent or $5.1 billion was spent to cope with the impact of substance abuse on the mental health system. This amounts to 6.5 percent of total state spending on the burden of substance abuse to public programs.

Developmental Disabilities

In 1998, states spent $9.3 billion on programs for the developmentally disabled. Substance use by a woman during pregnancy can result in developmental disabilities for the child. CASA estimates that at least nine percent or $837 million of state costs for programs for the developmentally disabled are a result of Fetal Alcohol Syndrome (FAS). Because of data limitations, CASA was unable to estimate the costs to programs for the developmentally disabled linked to tobacco or illicit drug use; hence this estimate is extremely conservative.

> *Emma Pohl had no idea that her drinking during pregnancy would cause her son permanent brain damage. Today...her life revolves around caring for five boys, four of whom have fetal alcohol syndrome.*[6]
>
> --Star Tribune
> Minneapolis, MN

The cost of substance abuse to programs for the developmentally disabled amount to 1.1 percent of the $77.9 billion states spend on the burden of substance abuse.

Public Safety

In 1998 states spent $5.7 billion on public safety including highway safety and accident prevention, state highway patrol, local law enforcement programs and special drug enforcement programs. Approximately $1.5 billion (26.3 percent) was spent on the cost of alcohol-involved traffic accidents to state and local law enforcement, drug enforcement and highway safety programs. (Table 3.7)

Table 3.7
Burden of Substance Abuse on Public Safety Programs

State Budget Sector	$ in Millions
State highway patrol	$ 632
Special drug enforcement programs	559
Local law enforcement programs	254
Highway safety and accident prevention programs	63
Total*	**$1,507**

* Numbers do not add due to rounding.

CASA estimates that 17.6 percent of state costs for highway patrol, local law enforcement programs, and highway safety and accident prevention programs are due to alcohol abuse, and 100 percent of the costs of special drug enforcement programs are attributed to substance abuse. Substance abuse-related spending for public safety amounts to approximately 1.9 percent of the $77.9 billion state spend on the burden of substance abuse to state programs.

CASA believes that state costs in this area actually are much higher because this estimate does not include costs of accidents linked to illicit drug use; however, data are not available for a more precise estimate.

State Workforce

In 1998, states spent $136 billion in payroll and fringe benefit costs for state workers. Substance abuse and addiction compromise the productivity of the state workforce and increase the costs of doing business. Substance abuse is associated with lower productivity, increased turnover, workplace accidents and higher health insurance costs. Because of severe data limitations, however, CASA has focused only on absenteeism for this study; that is, the extra days substance abusers are absent compared to non-users. CASA estimates that states spent .03 percent of payroll and fringe benefit costs or $408 million in absenteeism costs alone due to substance abuse. (Table 3.8)

Table 3.8
Burden of Substance Abuse on State Workforce Costs

State Budget Sector	$ in Millions
Total payroll	$340
Total fringe benefits	68
Total	**$408**

State spending on the impact of substance abuse on workforce absenteeism equals a half a percent (.5 percent) of the $77.9 billion states spend on the burden of substance abuse to state programs.

Chapter III

Notes

[1] Associated Press. (August 31, 2000)
[2] Mullen, A. (March 4, 1998)
[3] Abbott, E. (October 19, 2000)
[4] State of Colorado. (2000)
[5] National Association of State Budget Officers. (1999), p.67; Includes all general fund and other state fund spending other than local funds and intergovernmental transfers.
[6] Miller, K. (April 16, 2000)

Chapter IV
The Elephant's Tail: State Spending for Substance Abuse Prevention, Treatment and Research

Of the $81.3 billion states spent on substance abuse in 1998, only $3 billion or .5 percent of state budgets went for prevention, treatment and (in very small measure) research. When states are asked how much they spend on substance abuse, this category is usually what they report, yet it is only the tail of the elephant. For every dollar states spend on substance abuse prevention, treatment and research programs to reduce the incidence of substance abuse and its enormous costs to state governments, states spend $26 shoveling up the wreckage in public programs. (Table 4.1)

State Spending by Category

While it is difficult to differentiate expenditures for prevention vs. treatment because of the way the states reported spending,* CASA estimates that the bulk of this $3 billion--about 83 percent--is spent on treatment, while prevention accounts for approximately 17 percent. State spending for substance abuse-related research is practically nonexistent, accounting for only four-fifths of one percent of total spending in this category. (Table 4.2)

---

* Several states lumped together spending for prevention and treatment to a total of $1.3 billion. In these cases, CASA assumed that reported expenditures for the justice system (prisons, parole, probation, juvenile justice and drug courts), capital spending, mental health/developmentally disabled, state workforce, child welfare and health were largely for treatment and that reported education spending was largely for prevention. Hence, $80 million in education is included in spending on prevention while $1.17 billion is counted as spending on treatment.

Table 4.2
Substance Abuse Prevention, Treatment and Research Expenditures ($000)

	Expenditures	Percent of Prevention, Treatment & Research Spending	Per Capita
Prevention	$ 513,314	17.0	$ 1.89
Treatment	2,495,266	82.9	9.19
Research	2,524	0.1	0.01
Total	**$3,011,104**	**100.0**	**$11.09**

Of the $3 billion states spend on prevention, treatment and research, $920 million (30.7 percent) is spent by state health agencies; $843 million (27.9 percent) by state alcohol and drug abuse offices; $433 million (14.3 percent) by the justice system.

> *"...for each year under age 21 that drinking onset is delayed, risk of later life injury diminishes."*[1]
>
> --Enoch Gordis, M.D., Director
> National Institute on Alcohol Abuse and Alcoholism

Capital spending for the construction of substance abuse treatment facilities accounts for $391 million (12.9 percent) of spending on prevention, treatment and research. An additional $240 million (eight percent) of state spending in this category is for mental health treatment for patients with a co-morbid substance abuse problem.

The remaining $182 million (six percent) of state spending is distributed among employee assistance programs for the state workforce ($97 million or 3.2 percent); prevention programs targeting children and adolescents through the department of education ($80 million or 2.7 percent); and specialized programs provided through the child welfare and health departments ($4.5 million or 0.2 percent) (Figure 4.A).

Examples of spending for prevention, treatment and research are state-wide media campaigns; grants for community prevention and treatment programs; local prevention networks; substance abuse treatment for TANF recipients; HIV/AIDS prevention and treatment; school-based prevention programs; treatment facilities such as detox clinics, community medical services; police enforcement of laws regulating sale or distribution of tobacco to minors;[2] evaluation of treatment programs; and, capital spending for treatment facilities.

Prevention

Only $513.3 million in state funds is spent nationwide on substance abuse prevention. This includes $223 million through the department of health, $210 million through the department of substance abuse and $80 million in prevention in elementary and secondary education. Most spending for prevention through the schools is federally funded and that amount is not included here.

Figure 4.A
Prevention, Treatment and Research Spending by Category ($ in Millions)

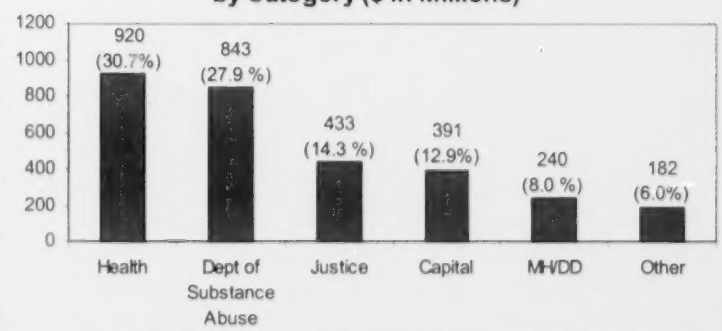


Table 4.1

Burden of Substance Abuse on State Programs for Each Dollar Spent on Prevention, Treatment and Research

State	
North Dakota	$8.78
Oregon	10.59
Delaware	14.95
Arizona	15.54
New York	16.17
Alaska	19.07
Oklahoma	19.41
California	22.07
District of Columbia	22.26
Washington	24.25
Massachusetts	26.84
Illinois	28.20
Nebraska	29.59
Connecticut	31.06
Missouri	31.82
Idaho	32.99
South Dakota	33.23
Pennsylvania	33.29
Puerto Rico	33.68
Montana	34.31
Minnesota	34.40
Alabama	34.98
Maryland	35.81
Mississippi	38.19
Florida	39.33
New Jersey	39.64
Wyoming	39.89
New Mexico	41.43
West Virginia	41.62
Vermont	43.10
Utah	48.48
Hawaii	49.32
Virginia	62.25
Iowa	63.07
Kansas	68.66
Ohio	69.23
Kentucky	71.62
Louisiana	72.03
Nevada	77.21
Tennessee	102.89
Arkansas	112.53
Wisconsin	180.42
South Carolina	382.51
Rhode Island	409.66
Michigan	1,464.08
Colorado	1,542.65
Georgia	N/A
Average	**$25.85**

Table 4.3

Substance Abuse Prevention, Treatment and Research Spending by State

State	Percent of State Budget	Amount ($000)
New York	1.044	$503,815
North Dakota	0.831	10,121
Oregon	0.776	77,711
California	0.690	472,442
District of Columbia	0.671	18,468
Delaware	0.639	23,039
Massachusetts	0.625	97,006
Arizona	0.579	56,069
Oklahoma	0.512	34,382
Alaska	0.490	16,140
Minnesota	0.446	57,346
Montana	0.433	7,214
Illinois	0.432	98,095
Pennsylvania	0.422	102,192
Washington	0.412	57,198
Missouri	0.393	41,671
Alabama	0.348	31,964
South Dakota	0.319	3,769
Idaho	0.318	6,949
Maryland	0.285	34,963
Vermont	0.275	3,024
New Jersey	0.254	49,704
Nebraska	0.251	8,946
West Virginia	0.242	7,798
Mississippi	0.239	12,415
Connecticut	0.238	27,244
Florida	0.238	77,595
Utah	0.235	10,103
New Mexico	0.235	11,005
Wyoming	0.188	2,790
Virginia	0.184	28,248
Puerto Rico	0.177	25,920
Hawaii	0.171	8,699
Ohio	0.147	41,943
Iowa	0.146	11,429
Louisiana	0.137	14,450
Kansas	0.135	8,376
Kentucky	0.129	13,177
Nevada	0.116	6,046
Tennessee	0.096	8,929
Arkansas	0.068	4,559
Wisconsin	0.052	7,834
Rhode Island	0.028	728
South Carolina	0.017	1,562
Michigan	0.008	1,866
Colorado	0.008	548
Georgia	NA	NA
Average	**0.485**	**$57,906**

Treatment

States report spending $2.5 billion a year on treatment. States did not distinguish whether the treatment was for alcohol, illicit drug abuse or nicotine addiction. Of the $2.5 billion total, $695 million is spent through the departments of health and $633 million through the state substance abuse agencies. We believe that virtually all of these funds are spent on alcohol and illegal drug treatment.

> *More than 10 million individuals addicted to drugs and/or alcohol are not receiving treatment.*[3]
>
> --Center for Substance Abuse Treatment
> The Substance Abuse and Mental Health
> Services Administration

The justice system spends $433 million on treatment: $149 million for state prison inmates; $103 million for those on probation and parole; $133 million for juvenile offenders; $46 million to help localities treat offenders; $1 million on drug courts. Treatment provided by mental health institutions for co-morbid patients totals $241 million. The remaining $492 million is for the substance abuse portion of state employee assistance programs ($97 million), treatment programs for adults involved in child welfare services ($4.5 million) and capital spending for the construction of treatment facilities ($391 million). (Figure 4.B)

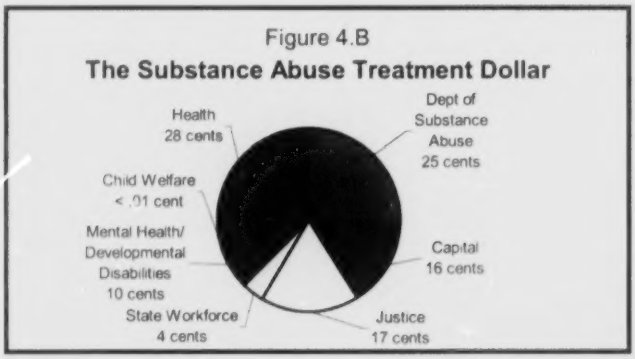
Research

States spent $2.5 million on substance abuse research in 1998. Only five jurisdictions reported any spending in this area--Puerto Rico ($1.6 million), accounting for more than half of those expenditures; Oklahoma ($492,000); Vermont ($263,000); Tennessee ($143,000); and Arkansas ($14,000). Research activities as defined by the states included special data collection, needs assessment, outcome studies of various modes of substance abuse treatment and program evaluation.

The lion's share of the biomedical research and research on prevention and treatment of alcoholism, tobacco and other drug addiction is funded by the federal government. There is, however, a role for states in social science and practice-based research. States can compare the cost-effectiveness of providing intensive substance abuse training for all child welfare workers against providing certified substance abuse counselors as resources to help the child welfare staff. They can measure the return on an investment of drug courts compared to incarceration or strictly enforced probation with drug testing. States can examine the cost effectiveness of increased taxation of alcohol beverages with or without education campaigns. States are uniquely positioned to conduct this type of research that can help guide future investments and the federal government would benefit from supporting it.

Figure 4.B

The Substance Abuse Treatment Dollar



Variations by State

Average state spending masks wide individual variations. (Table 4.3) Two states--Colorado and Michigan--spend less than a 0.01 percent of their budgets on prevention, treatment and research linked to substance abuse. New York, North Dakota and Oregon report spending the most--more than three-quarters of a percent. Although New York spends the largest portion of any state budget on prevention and treatment (1.0 percent), it also spends the largest portion of its budget on the wreckage of substance abuse (16.9 percent). North Dakota and Oregon, in contrast, spend 7.3 percent and 8.2 percent of their budgets on the consequences of substance abuse, respectively--considerably less than the national average of 12.6 percent.

Another way to look at state investments in prevention, treatment and research is to examine how much each state spends per person. The average annual, state per capita spending on prevention, treatment and research is $11.09. Per capita spending in this area ranges from a low of $0.14 in Colorado to a high of $34.93 in Washington DC. (Table 4.4)

Table 4.4
Per Capita Spending for Substance Abuse Prevention, Treatment and Research by State

State	Per Capita
District of Columbia	$34.93
Delaware	31.34
New York	27.77
Alaska	26.51
Oregon	23.96
Massachusetts	15.86
North Dakota	15.79
California	14.66
Arizona	12.32
Minnesota	12.23
Oklahoma	10.37
Washington	10.21
Pennsylvania	8.50
Connecticut	8.34
Montana	8.20
Illinois	8.17
Missouri	7.71
Alabama	7.40
Hawaii	7.31
Maryland	6.87
Puerto Rico	6.77
New Mexico	6.39
New Jersey	6.17
Wyoming	5.81
Idaho	5.74
Nebraska	5.40
Florida	5.28
South Dakota	5.16
Vermont	5.14
Utah	4.89
Mississippi	4.54
West Virginia	4.30
Virginia	4.20
Iowa	4.00
Ohio	3.74
Nevada	3.61
Kentucky	3.37
Louisiana	3.32
Kansas	3.20
Arkansas	1.81
Tennessee	1.66
Wisconsin	1.51
Rhode Island	0.74
South Carolina	0.42
Michigan	0.19
Colorado	0.14
Georgia	NA
Average	**$11.09**

Chapter IV

Notes

[1] National Institutes of Health. (2000)

[2] Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (The Synar Amendment). (1992) *Requires the state to: have in effect a law prohibiting any manufacturer, retailer or distributor of tobacco products from selling or distributing such products to any individual under the age of 18; enforce such laws in a manner that can reasonably be expected to reduce the extent to which tobacco products are available to individuals under the age of 18; and conduct annual random, unannounced inspections to ensure compliance with the law which are to be conducted in such a way as to provide a valid sample of outlets accessible to youth.*

[3] Center for Substance Abuse Treatment. (1997)

Chapter V
Taxation and Regulation of the Sale of Legal Drugs

The final component of state substance abuse spending is the $433 million states spent in 1998 to regulate the sale of alcohol and tobacco and to collect alcohol and tobacco taxes. (Table 5.1) Tax rates vary significantly from state to state and revenues generally are not dedicated to prevent, treat or cope with the burden substance abuse and addiction places on many state programs.

In 1998, states collected $4.0 billion in alcohol and $7.4 billion in tobacco taxes for a total of $11.4 billion.[1] For every dollar of such tax revenues, states spent $7.13 on substance abuse and addiction--$6.83 to shoulder the burden on public programs, $0.26 for prevention and treatment, and $0.04 to collect alcohol and tobacco taxes and run licensing boards.

Table 5.1
State Substance Abuse Spending on Regulation and Compliance

	Amount ($ Millions)
Alcohol and tobacco licensing and control board	$346
Collection of alcohol and tobacco taxes	87
Total	**$433**

Taxation

All 50 states, the District of Columbia and Puerto Rico have excise taxes on alcohol and tobacco. State revenues for alcohol and tobacco taxes equal 1.8 percent of total state revenues. Most states have different tax rates for beer, liquor, wine, cigarettes and other tobacco products.[2] Taxes vary by state from a $.025 cents tax on a pack of cigarettes in Virginia to $1.11 in New York.[3] Likewise, taxes vary for alcoholic beverages from $3.30 tax on a barrel of beer in Massachusetts to $6.20 in California.[4] The excise tax on a six-pack of beer sold in

Missouri is $.03 compared to $.52 per six-pack tax in Hawaii.[5]

The cost to states for programs and personnel to collect alcohol and tobacco taxes (including fringe benefits) was $87 million in 1998. Of the $11.4 billion collected from alcohol and tobacco taxes, $8.5 billion are not dedicated to a particular area of spending* and usually revert to the general fund.[6] The remaining $2.9 billion are dedicated to particular areas of state spending but not necessarily to substance abuse. They may be targeted to local governments for general use or to transportation purposes like construction and maintenance of roads, bridges and airports. In fact, of all state dedicated tax revenues ($90 billion) including alcohol and tobacco taxes, only $3.9 billion are dedicated to health purposes which include many uses other than substance abuse.[7]

The windfall to states created by the settlement of the states' suit against the tobacco industry creates an opportunity for states to dedicate these revenues to prevent, treat or cope with the consequences of substance abuse and addiction. Forty-six states will receive $206 billion over the next 25 years by the tobacco companies; eight billion of this settlement will be spent by states in fiscal year 2001. The other four states, Mississippi, Texas, Florida and Minnesota, settled their tobacco lawsuits separately for a total of $40 billion over the next 25 years. While approximately 43 percent of the 46 state $8 billion settlement amount for fiscal year 2001 is slated to be spent on health care for low-income people ($3.5 billion) and $270 million will be targeted for long term care, less than 10 percent will be targeted to smoking prevention ($754 million). Nonhealth-related programs will receive $1.3 million, tobacco growers $537 million and $496 million will be placed in reserves.[8]

* $8.5 billion is derived from subtracting the amount of alcohol and tobacco taxes that were dedicated (not including Washington, DC or Puerto Rico) from the total collected by states from alcohol and tobacco taxes (Fiscal Planning Services, Inc., Fiscal Year 1997 and US Census Bureau, Fiscal Year 1997).

Regulation

> *About 2.3 million smoking-related deaths per year could be prevented during the next 40 years if $1.00 were added to the federal excise tax on each pack of cigarettes.*[9]
>
> --Pacific Institute for Research and Evaluation

CASA estimates that states spend $346 million for boards or governing bodies which issue alcohol and tobacco licenses and regulate the sale of alcohol and tobacco. This cost is a miniscule proportion (0.4 percent) of the state substance abuse dollar, yet regulatory policies can offer significant opportunities to control state substance abuse spending. For example, location of liquor stores, price increases for alcohol and tobacco products and enforcement of laws limiting sale to minors all have significant effects on substance use and the consequences that flow from it.[10] One national study has shown that a 10 percent increase in the price of cigarettes leads to a 12 percent decrease in consumption among 12- to 17-year olds.[11]

Chapter V

Notes

[1] US Census Bureau. (2000)
[2] Garrett T. A. & Leatherman, J. C. (1999)
[3] Federation of Tax Administrators. (2000)
[4] The Beer Institute. (1998)
[5] Drug Strategies. (1999a)
[6] Dall W. Forsythe, Ph. D., Rockefeller Institute of Government (personal communication November 13, 2000)
[7] Fiscal Planning Services, Inc. (2000), pp. 23, 31-32
[8] Campaign for Tobacco-Free Kids, American Cancer Society, American Heart Association, and the American Lung Association. (2001)
[9] Levy, D. T., Cummings, K. M., Hyland, A. (2000)
[10] Ritea, S. (November 10, 1999); Grossman, M., Chaloupka, F.J.,& Sirtalan, I. (1998)
[11] Lewit, E. M., Coate, D., & Grossman, M. (1981)

Chapter VI
Substance Abuse Spending by State

This report provides for the first time a comprehensive picture of the substance abuse-related spending patterns of 45 states, the District of Columbia and Puerto Rico. CASA's analysis shows that while states spend on average 13.1 percent of their budgets on substance abuse and addiction, levels of spending vary considerably by state--from 6.1 percent of the state budget in Puerto Rico to 18 percent in New York (Table 6.1). Spending per capita ranges from a low of $155 in North Dakota to a high of $812 in Washington DC (Table 6.2).

These data reflect estimates of the amount state governments spend of their own funds on substance abuse and addiction--information that has never before been assembled. These data are presented as a tool for states to understand the size and shape of the substance abuse draw on their resources and as a basis for considering more cost-effective investment patterns.

These data do not reflect all spending in a state on the problem since this report does not deal with local government, federal and private sector spending. For example, New York State requires local governments to pay for approximately 50 percent of the state's share of welfare costs.[1] In other jurisdictions, state government fully fund all the nonfederal share of those costs. Accounting for local spending in New York and making it comparable with reported spending in states that fully fund the nonfederal share of welfare would double the burden of substance abuse to the New York welfare program. Similarly, we know that states impose different cost burdens on localities for support of other programs analyzed here, including mental health, child welfare, portions of the criminal justice system, education and substance abuse treatment and prevention.

Table 6.1

Total Substance Abuse Spending by State

State	Percent of State Budget	Amount ($000)
New York	18.0	$ 8,673,254
Massachusetts	17.4	2,701,042
California	16.0	10,942,032
Minnesota	15.8	2,031,180
District of Columbia	15.6	429,560
Montana	15.4	255,818
Pennsylvania	14.5	3,506,309
Alabama	13.0	1,197,105
Missouri	12.9	1,371,999
Illinois	12.6	2,868,512
Colorado	12.4	845,923
Vermont	12.3	134,835
Michigan	12.3	2,754,910
Virginia	11.7	1,798,374
Utah	11.6	499,923
Rhode Island	11.3	299,421
South Dakota	10.9	128,985
Washington	10.9	1,509,295
Idaho	10.8	237,025
Oklahoma	10.5	705,489
Maryland	10.5	1,288,941
West Virginia	10.5	338,804
New Jersey	10.4	2,030,261
Ohio	10.3	2,951,008
Delaware	10.2	367,591
Louisiana	10.1	1,058,834
Tennessee	10.0	931,532
New Mexico	10.0	467,531
Alaska	9.8	323,874
Georgia	9.7	1,570,005
Florida	9.7	3,152,481
Arizona	9.6	931,164
Wisconsin	9.5	1,421,566
Kansas	9.4	584,534
Iowa	9.4	733,857
Kentucky	9.4	956,943
Mississippi	9.4	486,594
Nevada	9.1	473,045
Oregon	9.0	902,435
Hawaii	8.6	437,826
Nebraska	8.2	291,103
North Dakota	8.1	99,078
Arkansas	7.8	518,892
Wyoming	7.8	115,234
Connecticut	7.6	873,380
South Carolina	6.6	599,339
Puerto Rico	6.1	898,916
Average	**13.1**	**$1,563,278**

Table 6.2

Per Capita Substance Abuse Spending by State

State	Per Capita
District of Columbia	$812
Alaska	532
Delaware	500
New York	478
Massachusetts	442
Minnesota	433
Hawaii	368
California	340
Rhode Island	303
Pennsylvania	292
Montana	291
Nevada	282
Michigan	282
Oregon	278
Alabama	277
Wisconsin	273
New Mexico	271
Washington	269
Connecticut	267
Virginia	267
Ohio	263
Iowa	257
Missouri	254
Maryland	253
New Jersey	252
Kentucky	245
Louisiana	243
Utah	242
Wyoming	240
Illinois	239
Puerto Rico	235
Vermont	229
Kansas	223
Colorado	217
Florida	215
Oklahoma	213
Georgia	210
Arkansas	206
Arizona	205
Idaho	196
West Virginia	187
Mississippi	178
South Dakota	176
Nebraska	176
Tennessee	173
South Carolina	158
North Dakota	155
Average	**$299**

State Tables

The tables that follow set forth state spending for all 47 jurisdictions that participated in this study. Data for each state is presented in three major categories: spending on the burden of substance abuse to public programs; spending for regulation and compliance; and spending on prevention, treatment and research.

The tables include each state's total budget as reported by the states to the National Association of State Budget Officers and its population as reported by U.S. Census Bureau in 1997. Those data allow computations of the fraction of the state budget spent on substance abuse and per capita spending.

The state tables include state spending on justice (adult corrections, juvenile justice, and judiciary), education (elementary/secondary), health, child and family assistance (child welfare and income support), mental health and the developmentally disabled, public safety and the state workforce.

State revenues collected from alcohol and tobacco taxes, and total state spending for Medicaid, transportation and higher education are listed as a point of comparison to various expenditures.

Chapter VI

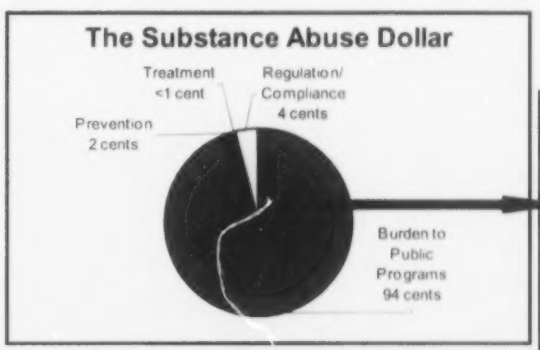
Notes

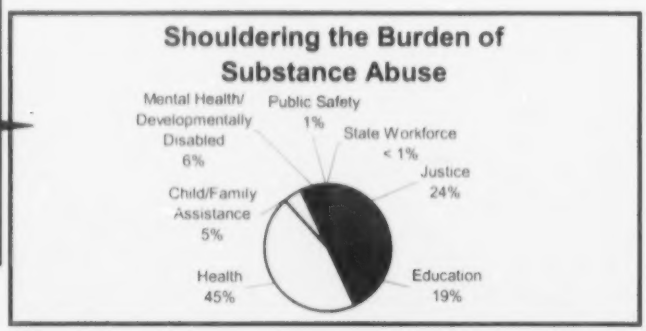
[1] New York City Independent Budget Office. (1998), pp. 5, 11

Alabama

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$6,986,928.0***	***$1,118,140.4***		***12.2***	***$258.81***
Justice	**357,845.0**	**270,018.8**		**2.9**	**62.50**
Adult Corrections	196,327.0	153,273.7	78.1		
Juvenile Justice	65,627.0	40,795.6	62.2		
Judiciary	95,891.0	75,949.5	79.2		
Education (Elementary/Secondary)	**2,494,831.0**	**211,832.5**	**8.5**	**2.3**	**49.03**
Health	**2,439,370.0**	**506,036.9**	**20.7**	**5.5**	**117.13**
Child/Family Assistance	**78,141.0**	**51,639.3**		**0.6**	**11.95**
Child Welfare	78,141.0	51,639.3	66.1		
Income Assistance	NA	NA	NA		
Mental Health/Developmentally Disabled	**187,939.0**	**69,378.0**		**0.8**	**16.06**
Mental Health	140,628.0	65,392.4	46.5		
Developmentally Disabled	47,311.0	3,985.6	8.4		
Public Safety	**28,459.0**	**5,725.1**	**20.1**	**0.1**	**1.33**
State Workforce	**1,400,343.0**	**3,509.9**	**0.3**	**<0.01**	**0.81**
Regulation/Compliance:	***47,001.0***	***47,001.0***	***100.0***	***0.5***	***10.88***
Licensing and Control	47,001.0	47,001.00			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***31,964.0***	***31,964.0***	***100.0***	***0.4***	***7.40***
Prevention	27,651.0	27,651.0			
Treatment	4,313.0	4,313.0			
Research	0	0			
Total		***$1,197,105.4***		***13.0***	***$277.09***


The Substance Abuse Dollar
Treatment <1 cent
Regulation/ Compliance 4 cents
Prevention 2 cents
Burden to Public Programs 94 cents



Total State Budget	$9,178 M
♦ Substance Abuse	$1,197 M
♦ Medicaid	$ 758 M
♦ Transportation	$ 526 M
♦ Higher Education	$2,683 M
Population	4.3 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $190,389,000; $44.28 per capita.

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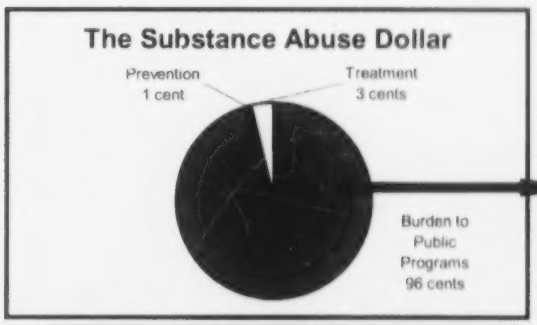
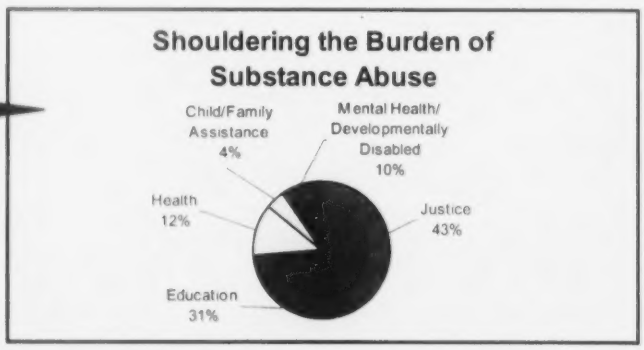
Alaska

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$1,250,424.0***	***$307,734.3***		***9.4***	***$504.44***
Justice	**156,363.0**	**131,470.0**		**4.0**	**215.93**
Adult Corrections	155,000.0	130,501.1	84.2		
Juvenile Justice	1,363.0	968.9	71.1		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**773,000.0**	**94,235.2**	**12.2**	**2.9**	**154.78**
Health	**150,000.0**	**38,307.3**	**25.5**	**1.2**	**62.92**
Child/Family Assistance	**98,353.0**	**13,580.2**		**0.4**	**22.30**
Child Welfare	NA	NA	NA		
Income Assistance	98,353.0	13,580.2	13.8		
Mental Health/Developmentally Disabled	**72,708.0**	**30,141.6**		**0.9**	**49.51**
Mental Health	49,796.0	28,150.3	56.5		
Developmentally Disabled	22,912.0	1,991.4	8.7		
Public Safety	**NA**	**NA**	**NA**	**NA**	**NA**
State Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***16,140.0***	***16,140.0***	***100.0***	***0.5***	***26.51***
Prevention	4,847.0	4,847.0			
Treatment	11,293.0	11,293.0			
Research	0	0			
Total		***$323,874.3***		***9.8***	***$531.95***





Total State Budget	$3,291 M
♦ Substance Abuse	$ 324 M
♦ Medicaid	$ 150 M
♦ Transportation	$ 411 M
♦ Higher Education	$ 392 M
Population	.609 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $45,026,000; $73.95 per capita.

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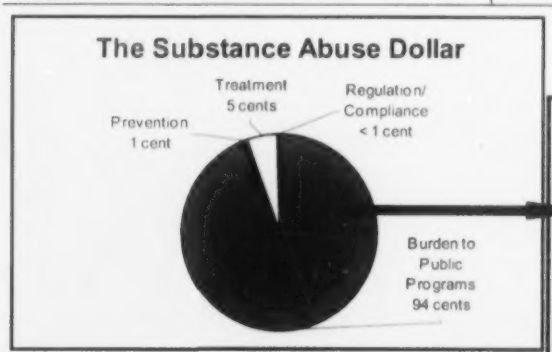
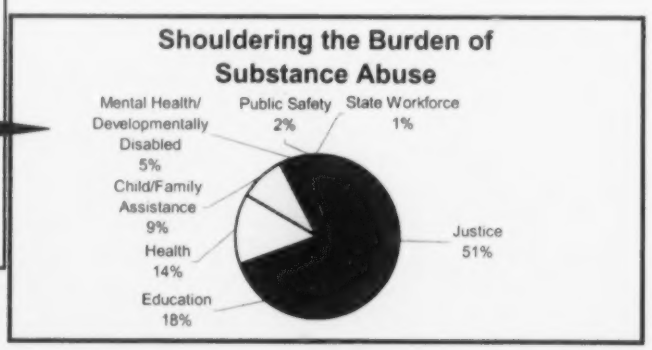
Arizona

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,736,814.7***	***$871,595.5***		***9.0***	***$191.47***
Justice	**617,004.1**	**450,552.4**		**4.7**	**98.97**
Adult Corrections	517,994.1	388,556.9	75.0		
Juvenile Justice	66,971.0	38,894.6	58.1		
Judiciary	32,039.0	23,101.0	72.1		
Education (Elementary/Secondary)	**2,119,390.0**	**153,786.2**	**7.3**	**1.6**	**33.78**
Health	**510,930.6**	**122,809.1**	**24.0**	**1.3**	**26.98**
Child/Family Assistance	**165,342.0**	**78,862.7**		**0.8**	**17.32**
Child Welfare	114,657.0	71,275.8	62.2		
Income Assistance	50,685.0	7,586.9	15.0		
Mental Health/Developmentally Disabled	**206,600.0**	**45,664.0**		**0.5**	**10.03**
Mental Health	90,025.0	38,074.2	42.3		
Developmentally Disabled	116,575.0	7,589.8	6.5		
Public Safety	**52,083.0**	**15,554.0**	**29.9**	**0.2**	**3.42**
State Workforce	**2,065,465.0**	**4,367.1**	**0.2**	**0.1**	**0.96**
Regulation/Compliance:	***3,499.0***	***3,499.0***	***100.0***	**<0.01**	***0.77***
Licensing and Control	3,032.0	3,032.0			
Collection of Taxes	467.0	467.0			
Prevention, Treatment and Research:	***56,069.2***	***56,069.2***	***100.0***	***0.6***	***12.32***
Prevention	6,676.0	6,676.0			
Treatment	49,393.0	49,393.2			
Research	0	0			
Total		***$931,163.7***		***9.6***	***$204.55***





Total State Budget	$9,683 M
♦ Substance Abuse	$ 931 M
♦ Medicaid	$ 662 M
♦ Transportation	$ 982 M
♦ Higher Education	$1,588 M
Population	4.6 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $219,343,000; $47.68 per capita.

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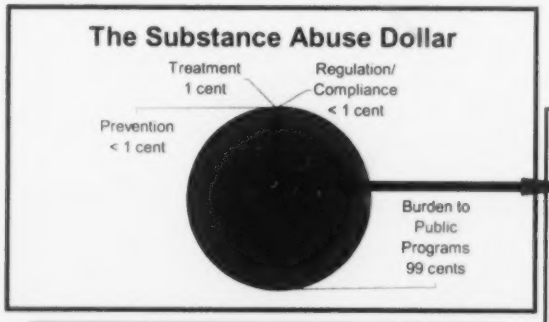
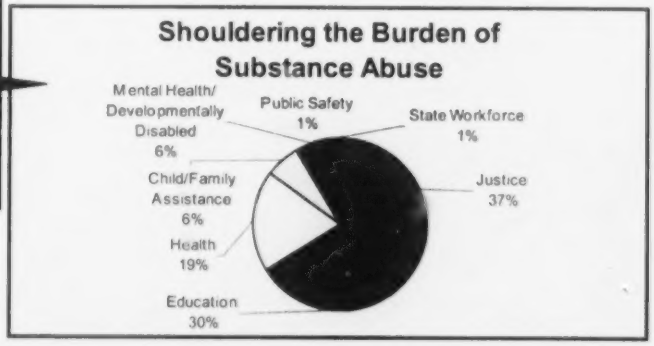
Arkansas

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$4,528,586.0***	***$513,031.3***		***7.7***	***$203.26***
Justice	**239,106.0**	**187,413.7**		**2.8**	**74.25**
Adult Corrections	203,489.0	164,007.0	80.6		
Juvenile Justice	35,617.0	23,406.7	65.7		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**1,550,339.0**	**151,451.0**	**9.8**	**2.3**	**60.00**
Health	**398,472.0**	**97,754.1**	**24.5**	**1.5**	**38.73**
Child/Family Assistance	**72,106.0**	**33,215.1**		**0.5**	**13.16**
Child Welfare	38,288.0	26,591.9	69.5		
Income Assistance	33,818.0	6,623.2	19.6		
Mental Health/Developmentally Disabled	**94,168.0**	**32,942.8**		**0.5**	**13.05**
Mental Health	57,609.0	29,007.0	50.4		
Developmentally Disabled	36,559.0	3,935.8	10.8		
Public Safety	**26,607.0**	**3,975.8**	**14.9**	**0.1**	**1.58**
State Workforce	**2,147,788.0**	**6,278.8**	**0.3**	**0.1**	**2.49**
Regulation/Compliance:	***1,302.0***	***1,302.0***	***100.0***	***<0.01***	***0.52***
Licensing and Control	1,302.0	1,302.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***4,559.0***	***4,559.0***	***100.0***	***0.1***	***1.81***
Prevention	829.0	829.0			
Treatment	3,716.0	3,716.0			
Research	14.0	14.0			
Total		***$518,892.3***		***7.8***	***$205.58***





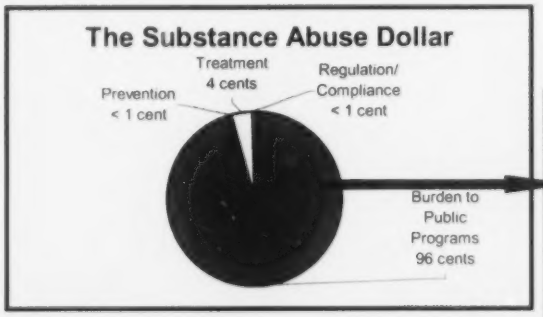
Total State Budget	$6,658 M
♦ Substance Abuse	$ 519 M
♦ Medicaid	$ 398 M
♦ Transportation	$ 701 M
♦ Higher Education	$1,279 M
Population	2.5 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $123,345,000; $49.34 per capita.

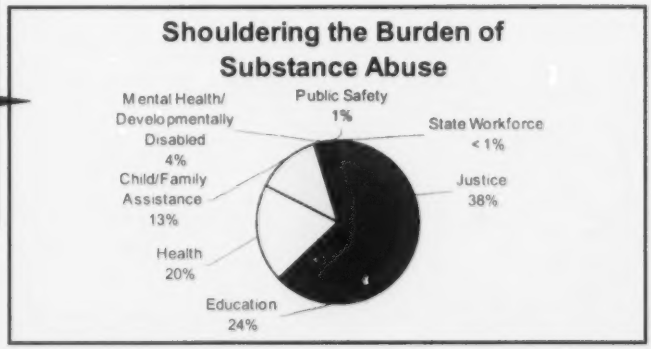
California

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$51,567,629.9***	***$10,428,035.2***		***15.2***	***$323.67***
Justice	**4,955,896.0**	**4,053,556.7**		**5.9**	**125.82**
Adult Corrections	4,560,686.0	3,780,101.8	82.9		
Juvenile Justice	393,852.0	272,096.8	69.1		
Judiciary	1,358.0	1,358.0	100.0†		
Education (Elementary/Secondary)	**22,082,082.0**	**2,474,734.9**	**11.2**	**3.6**	**76.81**
Health	**8,310,362.0**	**2,040,249.0**	**24.6**	**3.0**	**63.33**
Child/Family Assistance	**6,039,691.0**	**1,404,025.2**		**2.1**	**43.58**
Child Welfare	976,837.0	709,247.7	72.6		
Income Assistance	5,062,854.0	694,777.5	13.7		
Mental Health/Developmentally Disabled	**1,455,865.0**	**368,168.5**		**0.5**	**11.43**
Mental Health	515,348.0	279,198.6	54.2		
Developmentally Disabled	930,517.0	88,969.9	9.6		
Public Safety	**220,115.0**	**58,300.1**	**26.5**	**0.1**	**1.81**
State Workforce	**8,513,618.9**	**29,000.9**	**0.3**	**<0.01**	**0.90**
Regulation/Compliance:	***41,555.0***	***41,555.0***	***100.0***	***0.1***	***1.29***
Licensing and Control	35,238.0	35,238.0			
Collection of Taxes	6,317.0	6,317.0			
Prevention, Treatment and Research:	***472,442.0***	***472,442.0***	***100.0***	***0.7***	***14.66***
Prevention	54,295.0	54,295.0			
Treatment	418,147.0	418,147.0			
Research	0	0			
Total		***$10,942,032.2***		***16.0***	***$339.63***



Total State Budget	$68,483 M
♦ Substance Abuse	$10,942 M
♦ Medicaid	$ 6,767 M
♦ Transportation	$ 4,062 M
♦ Higher Education	$ 8,152 M
Population	32.2 M

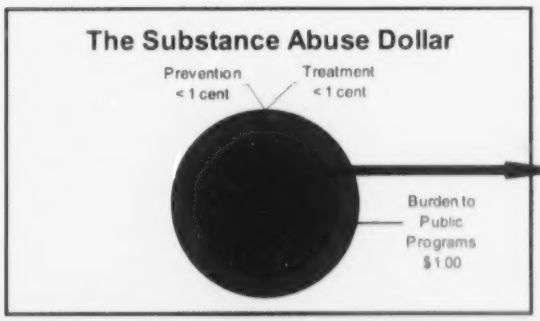


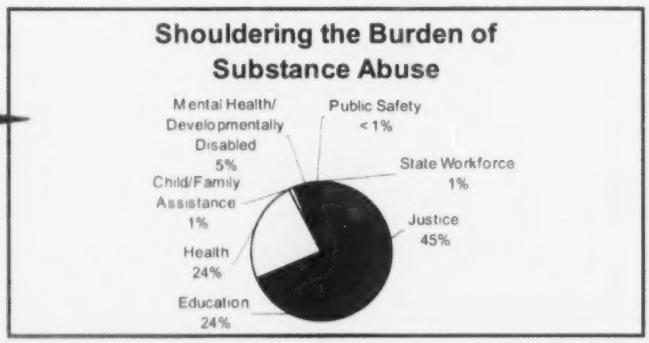
* Numbers may not add due to rounding. Tobacco and alcohol tax revenues total $954,096,000; $29.63 per capita.
† California only reported judiciary spending for drug courts.

Colorado

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,708,737.0***	***$845,374.5***		***12.4***	***$217.25***
Justice	**462,593.0**	**379,297.9**		**5.6**	**97.47**
Adult Corrections	370,000.0	303,932.3	82.1		
Juvenile Justice	NA	NA	NA		
Judiciary	92,593.0	75,365.7	81.4		
Education (Elementary/Secondary)	**1,884,000.0**	**201,704.5**	10.7	**3.0**	**51.83**
Health	**827,000.0**	**201,797.4**	24.4	**3.0**	**51.86**
Child/Family Assistance	**91,670.0**	**8,434.2**		**0.1**	**2.17**
Child Welfare	135.0	96.6	71.6		
Income Assistance	91,535.0	8,337.6	9.1		
Mental Health/Developmentally Disabled	**124,652.0**	**46,042.6**		**0.7**	**11.83**
Mental Health	78,663.0	41,612.5	52.9		
Developmentally Disabled	45,989.0	4,430.1	9.6		
Public Safety	**651.0**	**595.1**	**91.4†**	**<0.01**	**0.15**
State Workforce	**2,318,171.0**	**7,502.7**	**0.3**	**0.1**	**1.93**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***548.0***	***548.0***	***100.0***	***<0.01***	***0.14***
Prevention	340.0	340.0			
Treatment	208.0	208.0			
Research	0	0			
Total		***$845,922.5***		***12.4***	***$217.39***





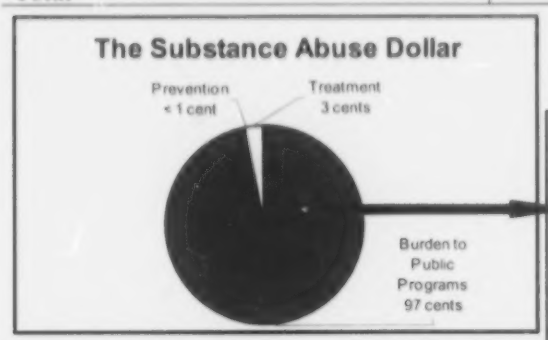
Total State Budget	$6,821 M
• Substance Abuse	$ 846 M
• Medicaid	$ 827 M
• Transportation	$ 564 M
• Higher Education	$1,491 M
Population	3.9 M

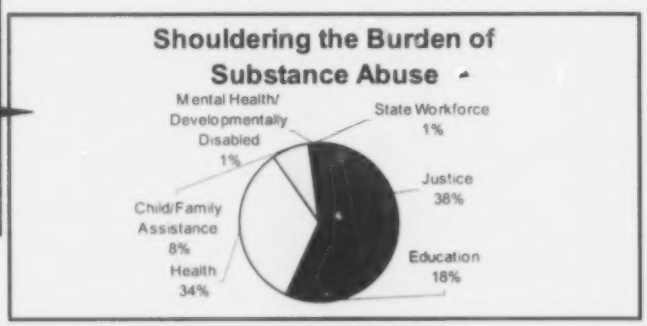
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $97,081,000; $24.89 per capita.
† Colorado did not report any spending for highway safety or local law enforcement.

Connecticut

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,593,393.0***	***$846,136.2***		***7.4***	***$258.87***
Justice	**410,071.0**	**326,463.2**		**2.9**	**99.88**
Adult Corrections	392,000.0	314,671.5	80.3		
Juvenile Justice	18,071.0	11,791.7	65.3		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**1,575,000.0**	**151,024.1**	**9.6**	**1.3**	**46.21**
Health	**1,133,000.0**	**286,830.2**	**25.3**	**2.5**	**87.76**
Child/Family Assistance	**98,198.0**	**67,770.0**		**0.6**	**20.73**
Child Welfare	98,198.0	67,770.0	69.0		
Income Assistance	NA	NA	NA		
Mental Health/Developmentally Disabled	**14,613.0**	**7,282.6**		**0.1**	**2.23**
Mental Health	14,613.0	7,282.6	49.8		
Developmentally Disabled	NA	NA	NA		
Public Safety	**NA**	**NA**	**NA**	**NA**	**NA**
State Workforce	**2,362,511.0**	**6,766.1**	**0.3**	**0.1**	**2.07**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***27,444.0***	***27,244.0***	***100.0***	***0.2***	***8.34***
Prevention	1,070.0	1,070.0			
Treatment	26,174.0	26,174.0			
Research	0	0			
Total		***$873,380.2***		***7.6***	***$267.21***





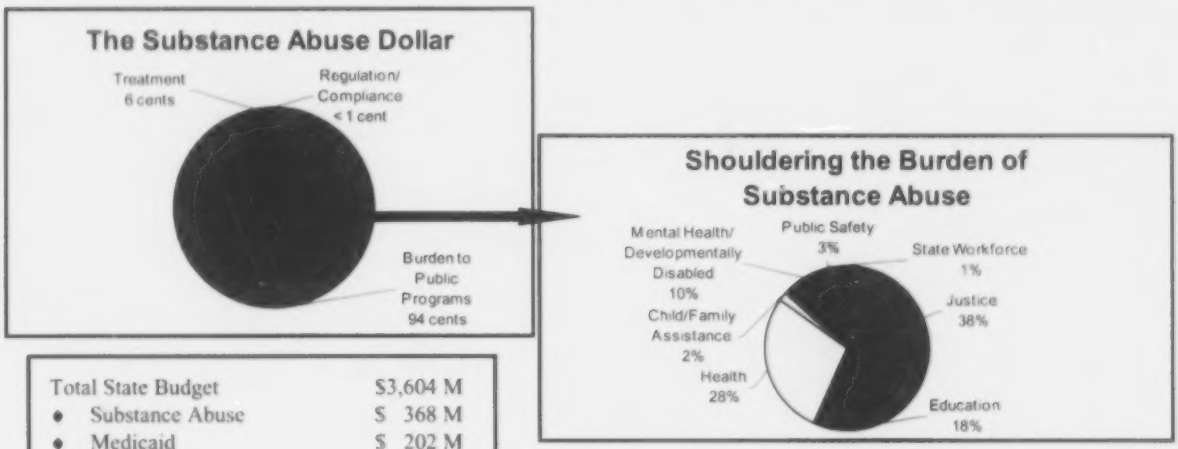
Total State Budget	$11,428 M
♦ Substance Abuse	$ 873 M
♦ Medicaid	$ 1,133 M
♦ Transportation	$ 828 M
♦ Higher Education	$ 998 M
Population	3.3 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $184,142,000; $55.80 per capita.

Delaware

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$2,549,315.2***	***$344,505.5***		***9.6***	***$468.70***
Justice	**162,406.0**	**131,693.3**		**3.7**	**179.17**
Adult Corrections	159,262.5	129,511.5	81.3		
Juvenile Justice	2,893.5	1,931.9	66.8		
Judiciary	250.0	250.0	100.0†		
Education (Elementary/Secondary)	**611,288.3**	**62,288.0**	**10.2**	**1.7**	**84.74**
Health	**404,207.0**	**97,688.7**	**24.2**	**2.7**	**132.91**
Child/Family Assistance	**26,558.3**	**6,831.8**		**0.2**	**9.29**
Child Welfare	3,209.0	2,260.3	70.4		
Income Assistance	23,349.3	4,571.5	19.6		
Mental Health/Developmentally Disabled	**110,259.6**	**32,754.3**		**0.9**	**44.56**
Mental Health	55,717.7	28,706.9	51.5		
Developmentally Disabled	54,541.9	4,047.4	7.4		
Public Safety	**32,496.0**	**9,567.2**	**29.4**	**0.3**	**13.02**
State Workforce	**1,202,100.0**	**3,682.2**	**0.3**	**0.1**	**5.01**
Regulation/Compliance:	***46.7***	***46.7***	***100.0***	***<0.01***	***0.06***
Licensing and Control	9.60	9.60			
Collection of Taxes	37.10	37.10			
Prevention, Treatment and Research:	***23,039.3***	***23,039.3***	***100.0***	***0.6***	***31.34***
Prevention	NA	NA			
Treatment	23,039.3	23,039.3			
Research	0	0			
Total		***$367,591.5***		***10.2***	***$500.11***



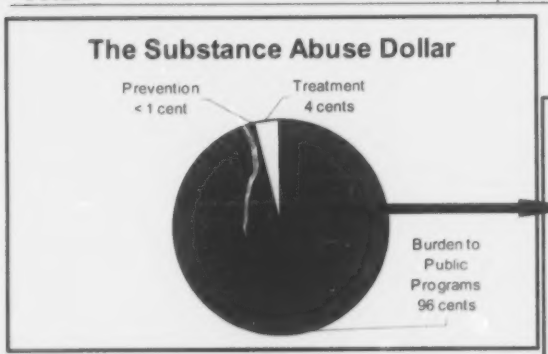
Total State Budget	$3,604 M
• Substance Abuse	$ 368 M
• Medicaid	$ 202 M
• Transportation	$ 243 M
• Higher Education	$ 209 M
Population	.735 M

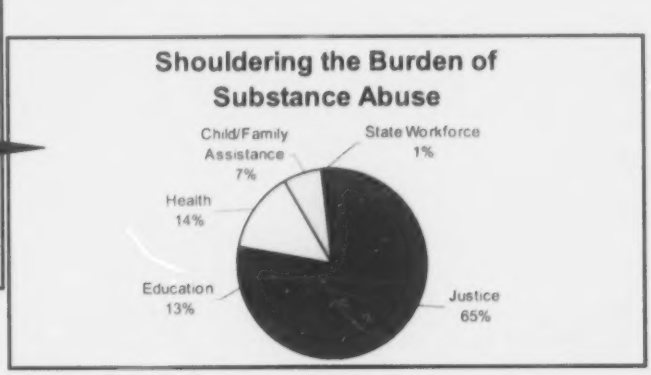
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $33,448,000; $45.51 per capita.
† Delaware only reported judiciary spending for drug courts.

District of Columbia

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$2,679,610.0***	***$411,091.8***		***14.9***	***$777.48***
Justice	**333,400.0**	**266,294.0**		**9.7**	**503.63**
Adult Corrections	254,531.0	211,539.0	83.1		
Juvenile Justice	78,869.0	54,755.0	69.4		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**463,519.0**	**52,685.8**	**11.4**	**1.9**	**99.64**
Health	**261,200.0**	**59,387.8**	**22.7**	**2.2**	**112.32**
Child/Family Assistance	**87,673.0**	**27,415.7**		**1.0**	**51.85**
Child Welfare	17,500.0	12,761.4	72.9		
Income Assistance	70,173.0	14,654.4	20.9		
Mental Health/Developmentally Disabled	**NA**	**NA**		**NA**	**NA**
Mental Health	NA	NA	NA		
Developmentally Disabled	NA	NA	NA		
Public Safety	**NA**	**NA**	**NA**	**NA**	**NA**
State Workforce	**1,533,818.0**	**5,308.4**	**0.3**	**0.2**	**10.04**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***18,468.0***	***18,468.0***	***100.0***	***0.7***	***34.93***
Prevention	2,079.0	2,079.0			
Treatment	16,389.0	16,389.0			
Research	0	0			
Total		***$429,559.8***		***15.6***	***$812.40***





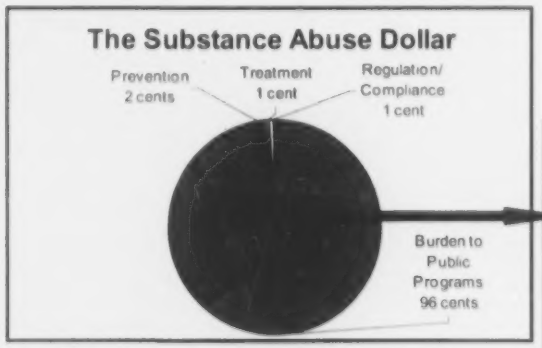
Total State Budget	$2,752 M
♦ Substance Abuse	$430 M
♦ Medicaid	$ NA
♦ Transportation	$ NA
♦ Higher Education	$ NA
Population	.529 M

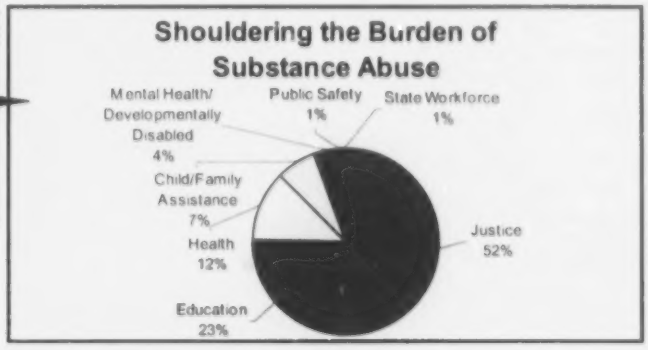
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $25,924,000; $49.01 per capita.

Florida

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$17,951,216.0***	***$3,051,651.5***		***9.4***	***$207.83***
Justice	**2,051,553.0**	**1,596,696.7**		**4.9**	**108.74**
Adult Corrections	1,446,479.0	1,173,855.1	81.2		
Juvenile Justice	478,000.0	317,974.4	66.5		
Judiciary	127,074.0	104,867.1	82.5		
Education (Elementary/Secondary)	**6,873,000.0**	**693,476.4**	10.1	**2.1**	**47.23**
Health	**1,471,039.0**	**379,797.2**	25.8	**1.2**	**25.87**
Child/Family Assistance	**653,701.0**	**219,503.1**		**0.7**	**14.95**
Child Welfare	182,904.0	128,414.0	70.2		
Income Assistance	470,797.0	91,089.1	19.3		
Mental Health/Developmentally Disabled	**286,679.0**	**121,167.4**		**0.4**	**8.25**
Mental Health	225,318.0	115,472.1	51.2		
Developmentally Disabled	61,361.0	5,695.3	9.3		
Public Safety	**115,244.0**	**21,316.4**	**18.5**	**0.1**	**1.45**
State Workforce	**6,500,000.0**	**19,694.3**	0.3	**0.1**	**1.34**
Regulation/Compliance:	***23,234.0***	***23,234.0***	***100.0***	***0.1***	***1.58***
Licensing and Control	14,859.0	14,859.0			
Collection of Taxes	8,375.0	8,375.0			
Prevention, Treatment and Research:	***77,595.0***	***77,595.0***	***100.0***	***0.2***	***5.28***
Prevention	58,276.0	58,276.0			
Treatment	19,319.0	19,319.0			
Research	0	0			
Total		***$3,152,480.5***		***9.7***	***$214.70***


The Substance Abuse Dollar
Prevention 2 cents
Treatment 1 cent
Regulation/ Compliance 1 cent
Burden to Public Programs 96 cents



Total State Budget	$32,568 M
♦ Substance Abuse	$ 3,152 M
♦ Medicaid	$ 2,888 M
♦ Transportation	$ 3,705 M
♦ Higher Education	$ 3,255 M
Population	14.7 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenues total $1,062,155,000; $72.26 per capita.

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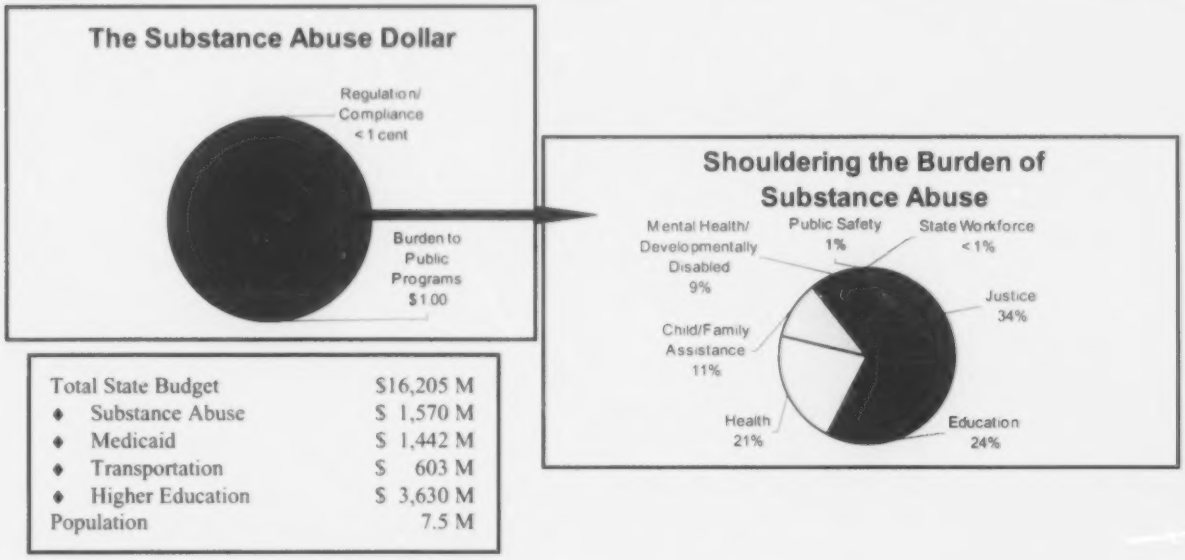
Georgia

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$11,166,402.6***	***$1,567,708.4***		***9.7***	***$209.42***
Justice	**698,000.0**	**529,870.5**		**3.3**	**70.78**
Adult Corrections	698,000.0	529,870.5	75.9		
Juvenile Justice	NA	NA	NA		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**4,860,987.0**	**368,971.8**	**7.6**	**2.3**	**49.29**
Health	**1,325,835.0**	**329,623.2**	**24.9**	**2.0**	**44.03**
Child/Family Assistance	**330,746.0**	**173,652.3**		**1.1**	**23.20**
Child Welfare	255,875.0	161,973.5	63.3		
Income Assistance	74,871.0	11,678.8	15.6		
Mental Health/Developmentally Disabled	**496,555.0**	**145,981.6**		**0.9**	**19.50**
Mental Health	310,287.0	134,927.1	43.5		
Developmentally Disabled	186,268.0	11,054.6	5.9		
Public Safety	**79,692.0**	**12,119.1**	**15.2**	**0.1**	**1.62**
State Workforce	**3,374,587.6**	**7,489.9**	**0.2**	**0.1**	**1.00**
Regulation/Compliance:	***2,296.9***	***2,296.9***	***100.0***	***<0.01***	***0.31***
Licensing and Control	1,624.8	1,624.8			
Collection of Taxes	672.1	672.1			
Prevention, Treatment and Research:	***NA***	***NA***	***NA***	***NA***	***NA***
Prevention	NA	NA			
Treatment	NA	NA			
Research	NA	NA			
Total		***$1,570,005.3***		***9.7***	***$209.72***



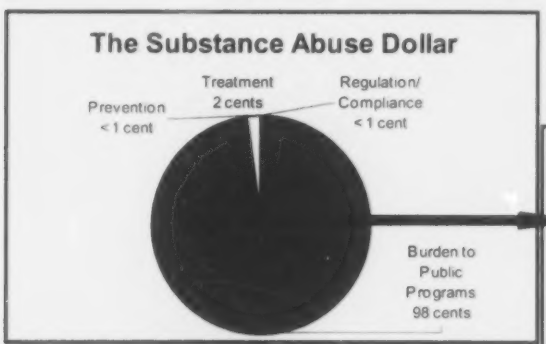
Total State Budget	$16,205 M
♦ Substance Abuse	$ 1,570 M
♦ Medicaid	$ 1,442 M
♦ Transportation	$ 603 M
♦ Higher Education	$ 3,630 M
Population	7.5 M

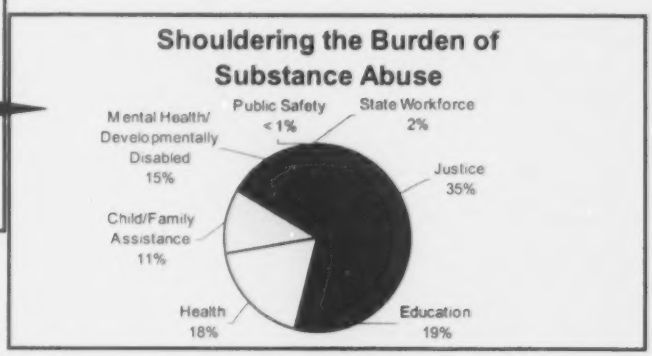
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $220,254,000; $29.37 per capita.

Hawaii

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$3,523,059.5***	***$429,040.5***		***8.4***	***$360.74***
Justice	**179,688.0**	**147,645.9**		**2.9**	**124.14**
Adult Corrections	122,988.0	102,815.2	83.6		
Juvenile Justice	4,629.0	3,248.1	70.2		
Judiciary	52,071.0	41,582.6	79.9		
Education (Elementary/Secondary)	**710,162.5**	**83,273.6**	**11.7**	**1.6**	**70.02**
Health	**308,297.0**	**78,010.5**	**25.3**	**1.5**	**65.59**
Child/Family Assistance	**173,736.0**	**49,148.5**		**1.0**	**41.32**
Child Welfare	30,832.0	22,696.0	73.6		
Income Assistance	142,904.0	26,452.5	18.5		
Mental Health/Developmentally Disabled	**133,758.0**	**62,512.2**		**1.2**	**52.56**
Mental Health	107,026.0	59,338.6	55.4		
Developmentally Disabled	26,732.0	3,173.6	11.9		
Public Safety	**3,618.0**	**1,231.5**	**34.0**	**<0.01**	**1.04**
State Workforce	**2,013,800.0**	**7,218.4**	**0.4**	**0.1**	**6.07**
Regulation/Compliance:	***86.0***	***86.0***	***100.0***	***<0.01***	***0.07***
Licensing and Control	NA	NA			
Collection of Taxes	86.0	86.0			
Prevention, Treatment and Research:	***8,699.0***	***8,699.0***	***100.0***	***0.2***	***7.31***
Prevention	35.0	35.0			
Treatment	8,664.0	8,664.0			
Research	0	0			
Total		***$437,825.5***		***8.6***	***$368.13***





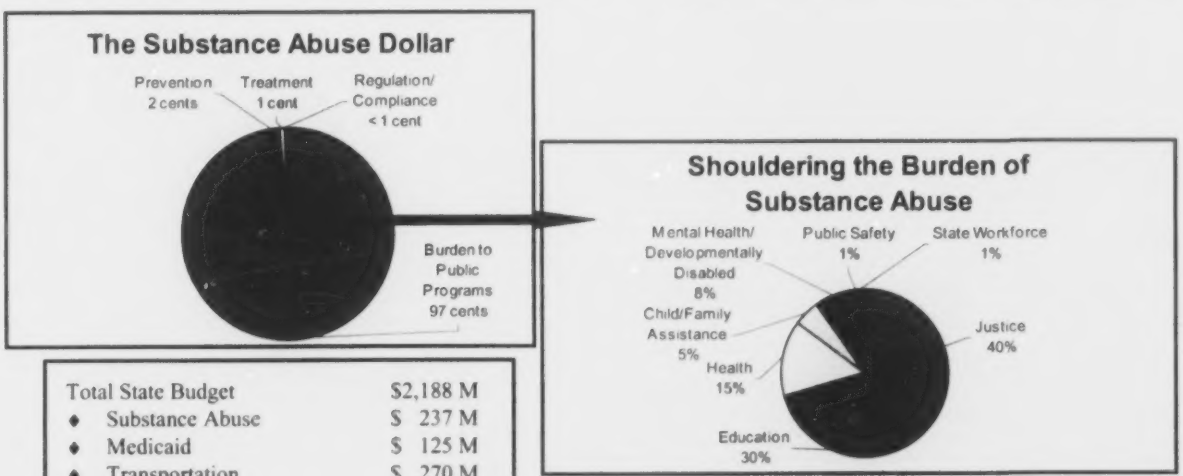
Total State Budget	$5,100 M
♦ Substance Abuse	$ 438 M
♦ Medicaid	$ 313 M
♦ Transportation	$ 629 M
♦ Higher Education	$ 552 M
Population	1.2 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $74,992,000; $62.49 per capita.

Idaho

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$1,888,673.8***	***$229,238.6***		***10.5***	***$189.35***
Justice	**121,976.4**	**92,332.3**		**4.2**	**76.27**
Adult Corrections	74,537.3	59,173.3	79.4		
Juvenile Justice	32,201.5	20,607.2	64.0		
Judiciary	15,237.6	12,551.7	82.4		
Education (Elementary/Secondary)	**751,390.0**	**68,544.3**	**9.1**	**3.1**	**56.62**
Health	**152,145.0**	**34,830.4**	**22.9**	**1.6**	**28.77**
Child/Family Assistance	**36,408.0**	**11,114.3**		**0.5**	**9.18**
Child Welfare	12,608.0	8,551.4	67.8		
Income Assistance	23,800.0	2,562.9	10.8		
Mental Health/Developmentally Disabled	**50,686.0**	**17,569.8**		**0.8**	**14.51**
Mental Health	33,401.0	16,186.6	48.5		
Developmentally Disabled	17,285.0	1,383.2	8.0		
Public Safety	**16,868.9**	**2,789.4**	**16.5**	**0.1**	**2.30**
State Workforce	**759,199.5**	**2,058.2**	**0.3**	**0.1**	**1.70**
Regulation/Compliance:	***837.3***	***837.3***	***100.0***	***<0.01***	***0.69***
Licensing and Control	817.3	817.3			
Collection of Taxes	20.0	20.0			
Prevention, Treatment and Research:	***6,949.2***	***6,949.2***	***100.0***	***0.3***	***5.74***
Prevention	4,931.0	4,931.0			
Treatment	2,018.0	2,018.0			
Research	0	0			
Total		***$237,025.1***		***10.8***	***$195.79***



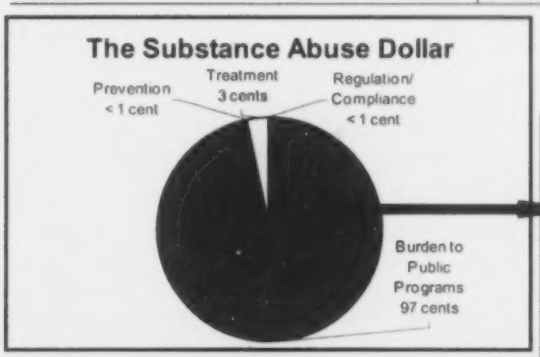
Total State Budget	$2,188 M
♦ Substance Abuse	$ 237 M
♦ Medicaid	$ 125 M
♦ Transportation	$ 270 M
♦ Higher Education	$ 302 M
Population	1.2 M

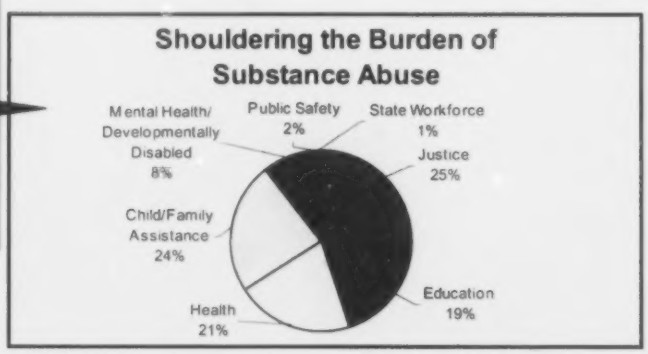
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $35,608,000; $29.67 per capita.

Illinois

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$16,185,973.1***	***$2,766,734.8***		***12.2***	***$230.54***
Justice	**887,172.7**	**710,144.8**		**3.1**	**59.12**
Adult Corrections	805,063.4	655,239.9	81.4		
Juvenile Justice	82,109.3	54,904.9	66.9		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**5,176,589.5**	**529,676.8**	**10.2**	**2.3**	**44.10**
Health	**2,430,940.7**	**582,717.9**	**24.0**	**2.6**	**48.51**
Child/Family Assistance	**1,116,309.2**	**651,044.8**		**2.9**	**54.20**
Child Welfare	856,165.6	603,883.1	70.5		
Income Assistance	260,143.6	47,161.7	18.1		
Mental Health/Developmentally Disabled	**790,651.6**	**233,163.1**		**1.0**	**19.41**
Mental Health	377,908.6	195,144.0	51.6		
Developmentally Disabled	412,743.0	38,019.1	9.2		
Public Safety	**125,711.5**	**42,573.9**	**33.9**	**0.2**	**3.54**
State Workforce	**5,658,597.9**	**17,413.5**	**0.3**	**0.1**	**1.45**
Regulation/Compliance:	***3,681.9***	***3,681.9***	***100.0***	***<0.01***	***0.31***
Licensing and Control	3,121.4	3,121.4			
Collection of Taxes	560.5	560.5			
Prevention, Treatment and Research:	***98,095.2***	***98,095.2***	***100.0***	***0.4***	***8.17***
Prevention	12,505.8	12,505.8			
Treatment	85,589.4	85,589.4			
Research	0	0			
Total		***$2,868,511.9***		***12.6***	***$238.81***





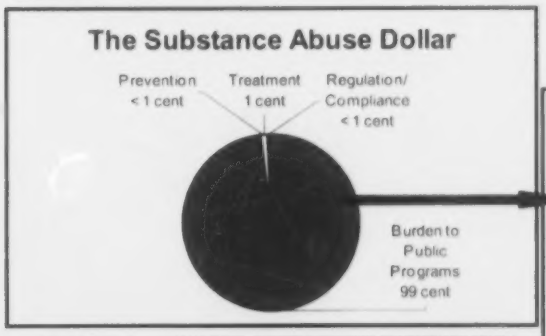
Total State Budget	$22,727 M
♦ Substance Abuse	$ 2,869 M
♦ Medicaid	$ 3,583 M
♦ Transportation	$ 2,492 M
♦ Higher Education	$ 2,247 M
Population	12.0M

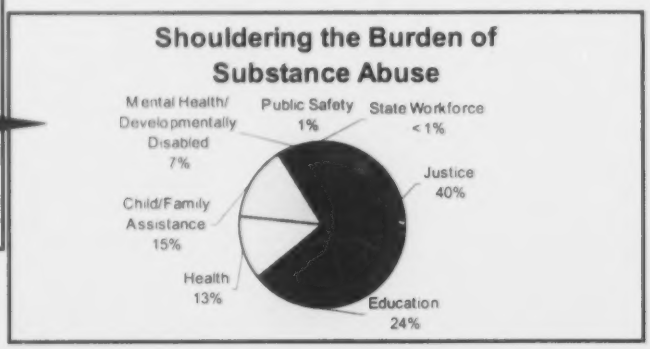
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $525,455,000; $43.79 per capita.

Iowa

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$3,678,682.4***	***$720,839.4***		***9.2***	***$252.54***
Justice	**360,526.0**	**289,077.2**		**3.7**	**101.27**
Adult Corrections	222,200.0	179,754.3	80.9		
Juvenile Justice	36,845.0	24,373.5	66.2		
Judiciary	101,481.0	84,949.3	83.7		
Education (Elementary/Secondary)	**1,714,014.0**	**170,379.3**	**9.9**	**2.2**	**59.69**
Health	**404,148.0**	**91,781.4**	**22.7**	**1.2**	**32.15**
Child/Family Assistance	**190,824.0**	**106,105.1**		**1.4**	**37.17**
Child Welfare	143,892.0	100,523.4	69.9		
Income Assistance	46,932.0	5,581.7	11.9		
Mental Health/Developmentally Disabled	**165,066.0**	**50,616.8**		**0.7**	**17.73**
Mental Health	85,586.0	43,506.8	50.8		
Developmentally Disabled	79,480.0	7,110.1	8.9		
Public Safety	**41,271.0**	**10,487.1**	**25.4**	**0.1**	**3.67**
State Workforce	**802,833.4**	**2,392.6**	**0.3**	**<0.01**	**0.84**
Regulation/Compliance:	***1,589.0***	***1,589.0***	***100.0***	***<0.01***	***0.56***
Licensing and Control	1,589.0	1,589.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***11,428.8***	***11,428.8***	***100.0***	***0.2***	***4.00***
Prevention	1,654.0	1,654.0			
Treatment	9,774.8	9,774.8			
Research	0	0			
Total		***$733,857.2***		***9.4***	***$257.10***





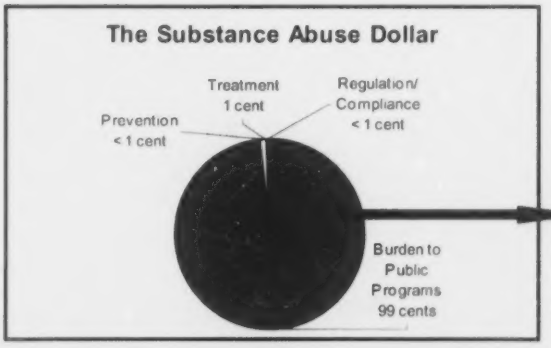
Total State Budget	$7,810 M
♦ Substance Abuse	$ 734 M
♦ Medicaid	$ 553 M
♦ Transportation	$ 605 M
♦ Higher Education	$2,213 M
Population	2.9 M

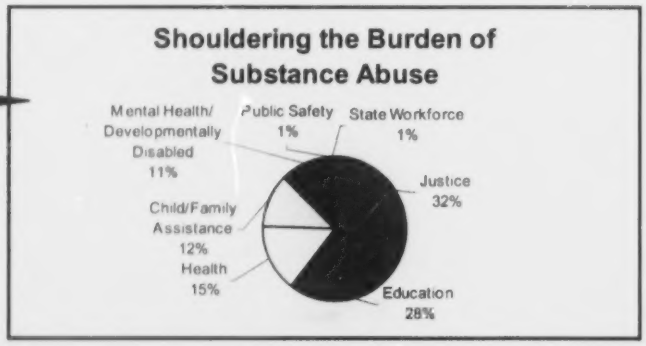
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $119,988,000; $41.38 per capita.

Kansas

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$4,982,580.8***	***$575,085.3***		***9.3***	***$219.81***
Justice	**248,616.2**	**185,153.2**		**3.0**	**70.77**
Adult Corrections	190,233.0	148,758.3	78.2		
Juvenile Justice	58,383.2	36,394.9	62.3		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**1,885,227.8**	**161,167.0**	**8.5**	**2.6**	**61.60**
Health	**372,045.0**	**88,488.7**	**23.8**	**1.4**	**33.82**
Child/Family Assistance	**153,999.0**	**67,672.9**		**1.1**	**25.87**
Child Welfare	84,100.0	55,717.6	66.3		
Income Assistance	69,899.0	11,955.3	17.1		
Mental Health/Developmentally Disabled	**252,113.0**	**61,207.5**		**1.0**	**23.39**
Mental Health	107,703.0	50,281.9	46.7		
Developmentally Disabled	144,410.0	10,925.6	7.6		
Public Safety	**40,600.0**	**6,269.9**	**15.4**	**0.1**	**2.40**
State Workforce	**2,029,979.8**	**5,126.1**	**0.3**	**0.1**	**1.96**
Regulation/Compliance:	***1,073.0***	***1,073.0***	***100.0***	***<0.01***	***0.41***
Licensing and Control	968.0	968.0			
Collection of Taxes	105.0	105.0			
Prevention, Treatment and Research:	***8,376.2***	***8,376.2***	***100.0***	***0.1***	***3.20***
Prevention	1,512.5	1,512.5			
Treatment	6,863.6	6,863.6			
Research	0	0			
Total		***$584,534.4***		***9.4***	***$223.42***





Total State Budget	$6,208 M
♦ Substance Abuse	$ 585 M
♦ Medicaid	$ 422 M
♦ Transportation	$ 656 M
♦ Higher Education	$1,183 M
Population	2.6 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $123,665,000; $47.56 per capita.

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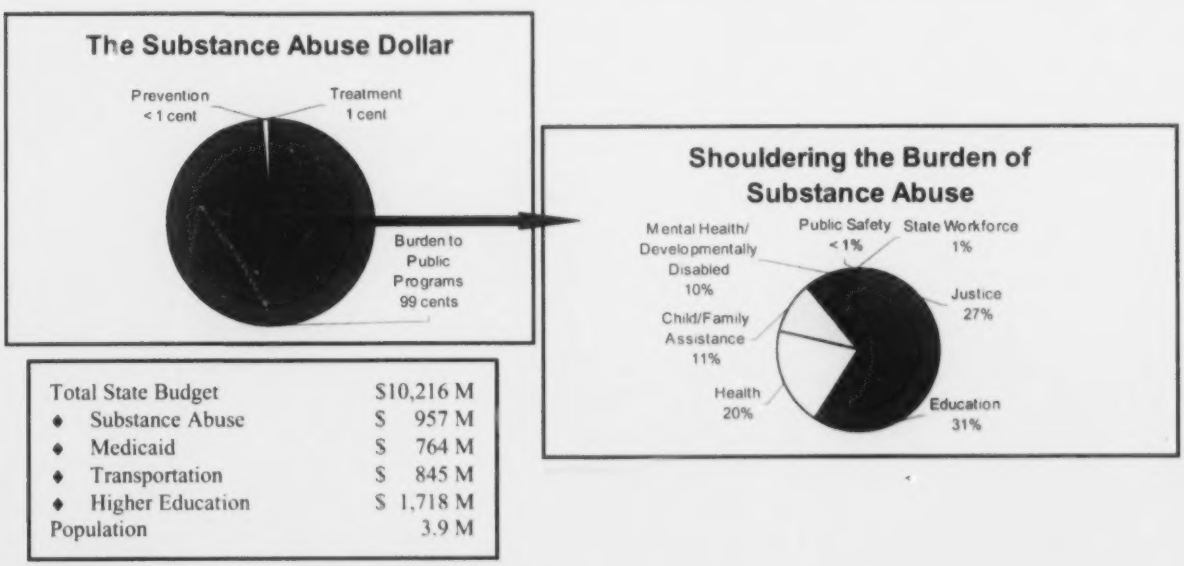
Kentucky

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,580,754.9***	***$943,765.4***		***9.2***	***$241.51***
Justice	**316,094.0**	**257,490.4**		**2.52**	**65.89**
Adult Corrections	263,266.0	220,279.7	83.7		
Juvenile Justice	51,748.0	36,368.8	70.3		
Judiciary	1,080.0	841.9	78.0		
Education (Elementary/Secondary)	**2,513,665.0**	**296,165.3**	**11.8**	**2.9**	**75.79**
Health	**764,000.0**	**186,455.5**	**24.4**	**1.8**	**47.71**
Child/Family Assistance	**202,004.0**	**101,185.8**		**1.0**	**25.89**
Child Welfare	107,704.0	79,396.0	73.7		
Income Assistance	94,300.0	21,789.8	23.1		
Mental Health/Developmentally Disabled	**244,195.0**	**94,404.1**		**0.9**	**24.16**
Mental Health	146,762.0	81,565.9	55.6		
Developmentally Disabled	97,433.0	12,838.2	13.2		
Public Safety	**10,455.0**	**2,549.1**	**24.4**	**<0.01**	**0.65**
State Workforce	**1,530,341.9**	**5,515.2**	**0.4**	**0.1**	**1.41**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***13,177.0***	***13,177.0***	***100.0***	***0.1***	***3.37***
Prevention	1,517.0	1,517.0			
Treatment	11,660.0	11,660.0			
Research	0	0			
Total		***$956,942.5***		***9.4***	***$244.88***



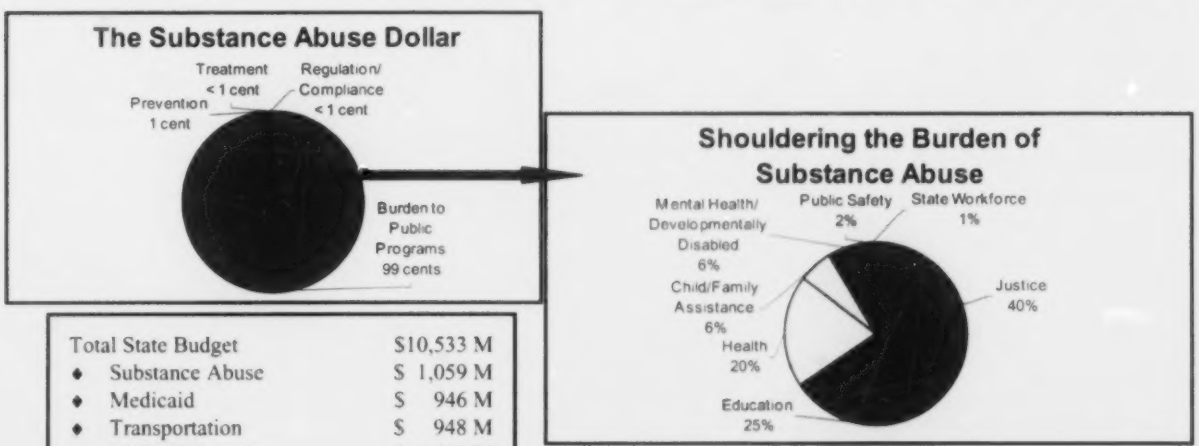
Total State Budget	$10,216 M
♦ Substance Abuse	$ 957 M
♦ Medicaid	$ 764 M
♦ Transportation	$ 845 M
♦ Higher Education	$ 1,718 M
Population	3.9 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $83,758,000; $21.48 per capita.

Louisiana

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$7,074,589.0***	***$1,040,768.2***		***9.9***	***$239.18***
Justice	**521,304.0**	**419,446.8**		**4.0**	**96.39**
Adult Corrections	424,966.0	351,372.2	82.7		
Juvenile Justice	84,962.0	58,438.9	68.8		
Judiciary	11,376.0	9,635.7	84.7		
Education (Elementary/Secondary)	**2,324,472.0**	**257,241.6**	**11.1**	**2.4**	**59.12**
Health	**874,817.0**	**210,161.0**	**24.0**	**2.0**	**48.30**
Child/Family Assistance	**127,026.0**	**66,148.1**		**0.6**	**15.20**
Child Welfare	76,041.0	54,995.6	72.3		
Income Assistance	50,985.0	11,152.5	21.9		
Mental Health/Developmentally Disabled	**175,462.0**	**59,434.5**		**0.6**	**13.66**
Mental Health	91,281.0	49,131.6	53.8		
Developmentally Disabled	84,181.0	10,302.9	12.2		
Public Safety	**85,508.0**	**18,374.6**	**21.5**	**0.2**	**4.22**
State Workforce	**2,966,000.0**	**9,961.6**	**0.3**	**0.1**	**2.29**
Regulation/Compliance:	***3,616.0***	***3,616.0***	***100.0***	***<0.01***	***0.83***
Licensing and Control	3,616.0	3,616.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***14,450.0***	***14,450.0***	***100.0***	***0.1***	***3.32***
Prevention	13,866.0	13,866.0			
Treatment	584.0	584.0			
Research	0	0			
Total		***$1,058,834.2***		***10.1***	***$243.33***



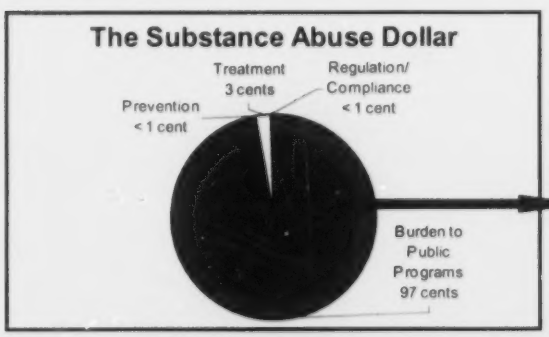
Total State Budget	$10,533 M
♦ Substance Abuse	$ 1,059 M
♦ Medicaid	$ 946 M
♦ Transportation	$ 948 M
♦ Higher Education	$ 1,611 M
Population	4.4 M

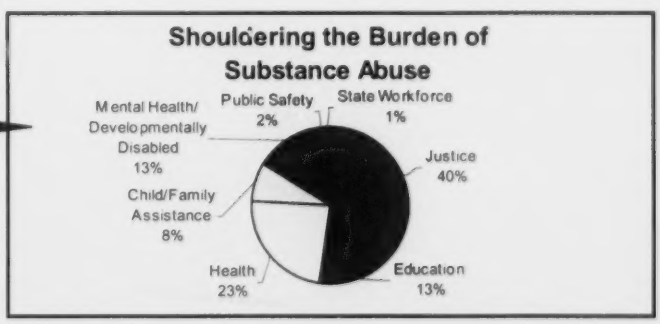
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $141,813,000; $32.23 per capita.

Maryland

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$8,863,235.4***	***$1,251,910.6***		***10.2***	***$245.81***
Justice	**686,483.3**	**487,009.0**		**4.0**	**95.62**
Adult Corrections	573,952.1	423,440.6	73.8		
Juvenile Justice	112,531.2	63,568.4	56.5		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**2,451,759.9**	**167,492.6**	**6.8**	**1.4**	**32.89**
Health	**1,179,177.0**	**292,924.9**	**24.8**	**2.4**	**57.52**
Child/Family Assistance	**311,279.7**	**101,754.7**		**0.8**	**19.98**
Child Welfare	129,899.0	78,753.9	60.6		
Income Assistance	181,380.7	23,000.8	12.7		
Mental Health/Developmentally Disabled	**638,770.7**	**166,488.0**		**1.4**	**32.69**
Mental Health	375,201.0	152,774.7	40.7		
Developmentally Disabled	263,569.7	13,713.3	5.2		
Public Safety	**149,371.0**	**29,411.4**	**19.7**	**0.2**	**5.77**
State Workforce	**3,446,393.7**	**6,830.0**	**0.2**	**0.1**	**1.34**
Regulation/Compliance:	***2,066.9***	***2,066.9***	***100.0***	***<0.01***	***0.41***
Licensing and Control	1,788.6	1,788.6			
Collection of Taxes	278.3	278.3			
Prevention, Treatment and Research:	***34,963.0***	***34,963.0***	***100.0***	***0.3***	***6.87***
Prevention	606.0	606.0			
Treatment	34,357.0	34,357.0			
Research	0	0			
Total		***$1,288,940.6***		***10.5***	***$253.09***





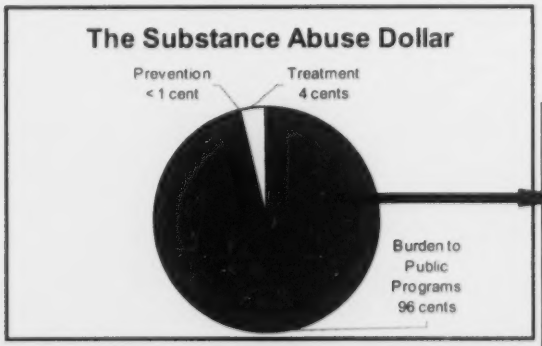
Total State Budget	$12,260 M
♦ Substance Abuse	$ 1,289 M
♦ Medicaid	$ 1,080 M
♦ Transportation	$ 1,778 M
♦ Higher Education	$ 2,028 M
Population	5.1 M

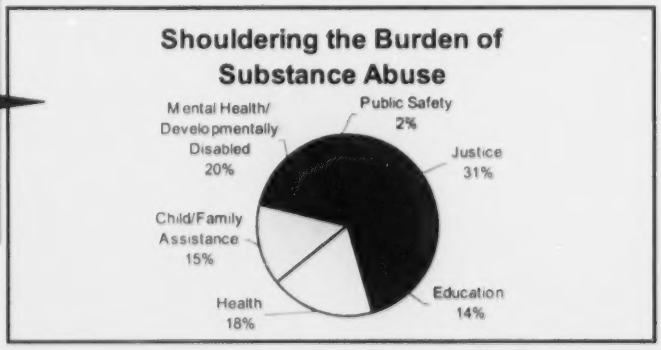
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $152,677,000; $29.94 per capita.

Massachusetts

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$8,464,336.0***	***$2,604,035.8***		***16.8***	***$425.81***
Justice	**961,212.7**	**816,818.1**		**5.3**	**133.57**
Adult Corrections	654,085.7	556,888.7	85.1		
Juvenile Justice	14,582.0	10,580.4	72.6		
Judiciary	292,545.0	249,349.0	85.2		
Education (Elementary/Secondary)	**2,854,000.0**	**370,810.1**	**13.0**	**2.4**	**60.63**
Health	**1,863,319.0**	**477,142.2**	**25.6**	**3.1**	**78.02**
Child/Family Assistance	**1,071,759.0**	**379,090.4**		**2.4**	**61.99**
Child Welfare	301,982.0	228,967.0	75.8		
Income Assistance	769,777.0	150,123.4	19.5		
Mental Health/Developmentally Disabled	**1,535,763.0**	**517,923.7**		**3.3**	**84.69**
Mental Health	740,795.0	431,977.1	58.3		
Developmentally Disabled	794,968.0	85,946.6	10.8		
Public Safety	**178,282.3**	**42,251.3**	**23.7**	**0.3**	**6.91**
State Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***97,006.0***	***97,006.0***	***100.0***	***0.6***	***15.86***
Prevention	2,133.0	2,133.0			
Treatment	94,873.0	94,873.0			
Research	0	0			
Total		***$2,701,041.6***		***17.4***	***$441.67***





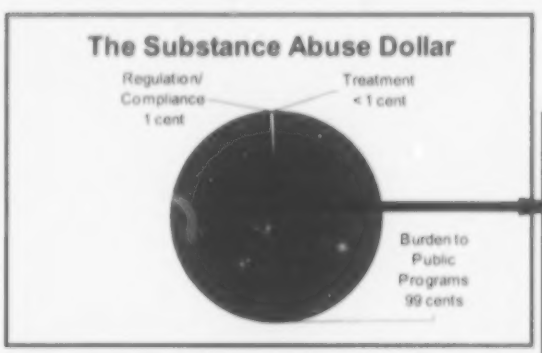
Total State Budget	$15,517 M
♦ Substance Abuse	$ 2,701 M
♦ Medicaid	$ 2,319 M
♦ Transportation	$ 1,293 M
♦ Higher Education	$ 910 M
Population	6.1 M

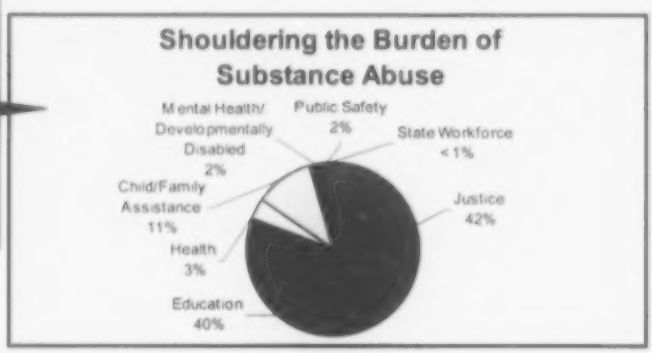
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $362,824,000; $59.48 per capita.

Michigan

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$15,459,656.3***	***$2,731,964.4***		***12.2***	***$279.19***
Justice	**1,362,272.3**	**1,126,943.5**		**5.0**	**115.17**
Adult Corrections	1,256,145.0	1,044,449.6	83.1		
Juvenile Justice	23,827.3	16,555.8	69.5		
Judiciary	82,300.0	65,938.1	80.1		
Education (Elementary/Secondary)	**9,496,957.0**	**1,082,059.0**	**11.4**	**4.8**	**110.58**
Health	**380,757.0**	**94,631.8**	**24.9**	**0.4**	**9.67**
Child/Family Assistance	**750,450.0**	**305,291.7**		**1.4**	**31.20**
Child Welfare	296,301.0	216,227.4	73.0		
Income Assistance	454,149.0	89,064.3	19.6		
Mental Health/Developmentally Disabled	**109,751.0**	**59,867.4**		**0.3**	**6.12**
Mental Health	109,527.0	59,844.4	54.6		
Developmentally Disabled	224.0	23.0	10.3		
Public Safety	**149,606.0**	**52,032.0**	**34.8**	**0.2**	**5.32**
State Workforce	**3,209,863.0**	**11,139.0**	**0.3**	**0.1**	**1.14**
Regulation/Compliance:	***21,080.0***	***21,080.0***	***100.0***	***0.1***	***2.15***
Licensing and Control	19,380.0	19,380.0			
Collection of Taxes	1,700.0	1,700.0			
Prevention, Treatment and Research:	***1,866.0***	***1,866.0***	***100.0***	***<0.01***	***0.19***
Prevention	NA	NA			
Treatment	1,866.0	1,866.0			
Research	0	0			
Total		***$2,754,910.3***		***12.3***	***$281.53***





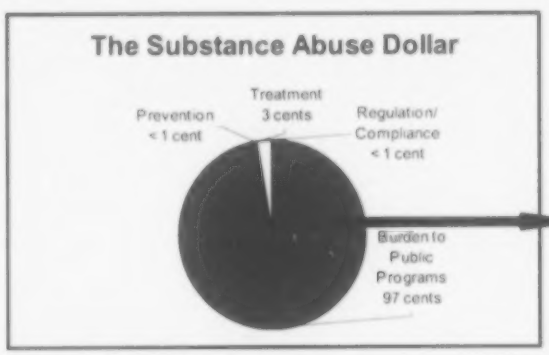
Total State Budget	$22,460 M
• Substance Abuse	$ 2,755 M
• Medicaid	$ 2,786 M
• Transportation	$ 1,921 M
• Higher Education	$ 1,864 M
Population	9.8 M

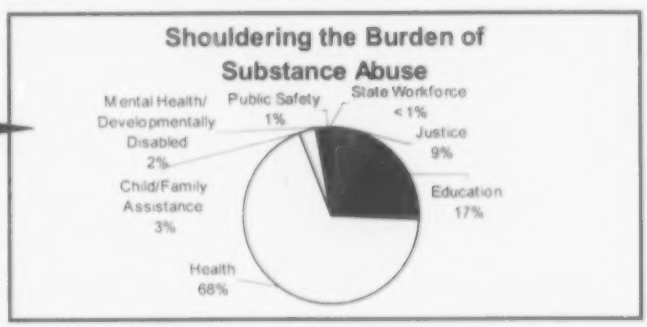
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $711,718,000; $72.62 per capita.

Minnesota

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$11,080,121.4***	***$1,972,898.4***		***15.4***	***$420.86***
Justice	**232,227.0**	**185,370.1**		**1.4**	**39.54**
Adult Corrections	210,776.0	171,094.0	81.2		
Juvenile Justice	21,451.0	14,276.1	66.6		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**3,230,613.0**	**326,363.2**	**10.1**	**2.5**	**69.62**
Health	**5,793,008.4**	**1,348,601.8**	**23.3**	**10.5**	**287.69**
Child/Family Assistance	**220,623.0**	**62,368.7**		**0.5**	**13.30**
Child Welfare	45,412.0	31,896.0	70.2		
Income Assistance	175,211.0	30,472.8	17.4		
Mental Health/Developmentally Disabled	**253,434.0**	**32,490.1**		**0.3**	**6.93**
Mental Health	20,584.0	10,556.0	51.3		
Developmentally Disabled	232,850.0	21,934.1	9.4		
Public Safety	**61,216.0**	**13,793.6**	**22.5**	**0.1**	**2.94**
State Workforce	**1,289,000.0**	**3,910.8**	**0.3**	**<0.01**	**0.83**
Regulation/Compliance:	***936.0***	***936.0***	***100.0***	***<0.01***	***0.20***
Licensing and Control	362.0	362.0			
Collection of Taxes	574.0	574.0			
Prevention, Treatment and Research:	***57,346.0***	***57,346.0***	***100.0***	***0.5***	***12.23***
Prevention	5,430.0	5,430.0			
Treatment	51,916.0	51,916.0			
Research	0	0			
Total		***$2,031,180.4***		***15.8***	***$433.30***



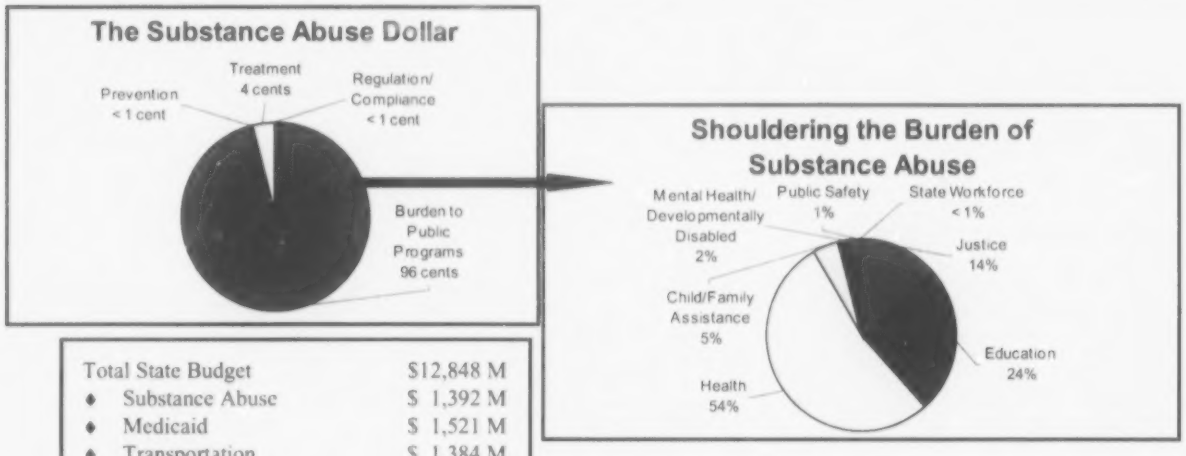


Total State Budget	$12,848 M
♦ Substance Abuse	$ 2,031 M
♦ Medicaid	$ 1,521 M
♦ Transportation	$ 1,384 M
♦ Higher Education	$ 1,660 M
Population	4.7 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $247,224,000; $52.60 per capita.

Minnesota (updated 02/20/01 to include revised health spending data from Minnesota)
Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$8,332,588.0***	***$1,333,892.3***		***10.4***	***$284.52***
Justice	**232,227.0**	**185,370.1**		**1.4**	**39.54**
Adult Corrections	210,776.0	171,094.0	81.2		
Juvenile Justice	21,451.0	14,276.1	66.6		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**3,230,613.0**	**326,363.2**	**10.1**	**2.5**	**69.62**
Health	**3,045,475.0**	**709,595.7**	**23.3**	**5.5**	**151.36**
Child/Family Assistance	**220,623.0**	**62,368.7**		**0.5**	**13.30**
Child Welfare	45,412.0	31,896.0	70.2		
Income Assistance	175,211.0	30,472.8	17.4		
Mental Health/Developmentally Disabled	**253,434.0**	**32,490.1**		**0.3**	**6.93**
Mental Health	20,584.0	10,556.0	51.3		
Developmentally Disabled	232,850.0	21,934.1	9.4		
Public Safety	**61,216.0**	**13,793.6**	**22.5**	**0.1**	**2.94**
State Workforce	**1,289,000.0**	**3,910.8**	**0.3**	**<0.01**	**0.83**
Regulation/Compliance:	***936.0***	***936.0***	***100.0***	***<0.01***	***0.20***
Licensing and Control	362.0	362.0			
Collection of Taxes	574.0	574.0			
Prevention, Treatment and Research:	***57,346.0***	***57,346.0***	***100.0***	***0.4***	***12.23***
Prevention	5,430.0	5,430.0			
Treatment	51,916.0	51,916.0			
Research	0	0			
Total		***$1,392,174.3***		***10.8***	***$296.97***



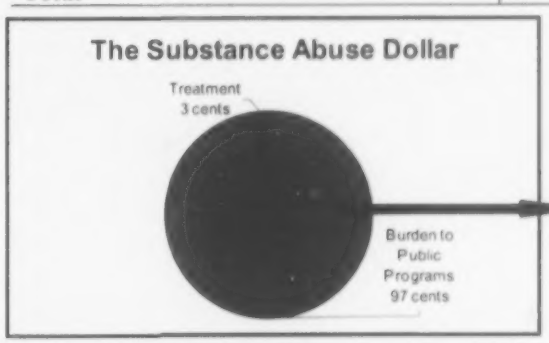
Total State Budget	$12,848 M
♦ Substance Abuse	$ 1,392 M
♦ Medicaid	$ 1,521 M
♦ Transportation	$ 1,384 M
♦ Higher Education	$ 1,660 M
Population	4.7 M

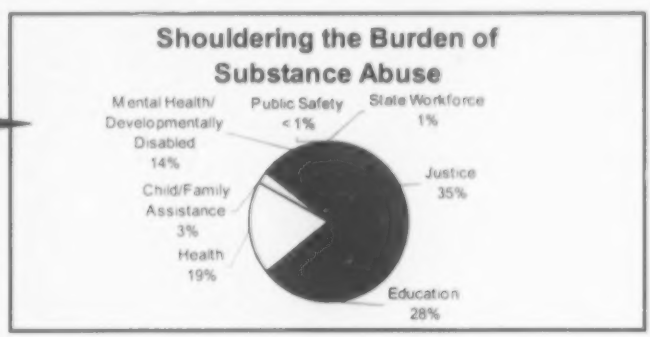
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $247,224,000; $52.60 per capita.

Mississippi

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$3,065,239.5***	***$474,179.2***		***9.1***	***$173.58***
Justice	**208,978.0**	**168,407.0**		**3.2**	**61.65**
Adult Corrections	195,474.0	158,007.9	80.8		
Juvenile Justice	NA	NA	NA		
Judiciary	13,504.0	10,399.1	77.0		
Education (Elementary/Secondary)	**1,340,000.0**	**132,702.8**	**9.9**	**2.6**	**48.58**
Health	**380,757.0**	**92,393.4**	**24.3**	**1.8**	**33.82**
Child/Family Assistance	**34,474.0**	**12,480.2**		**0.2**	**4.57**
Child Welfare	11,302.0	7,885.7	69.8		
Income Assistance	23,172.0	4,594.5	19.8		
Mental Health/Developmentally Disabled	**208,927.0**	**65,346.1**		**1.3**	**23.92**
Mental Health	108,857.0	55,223.2	50.7		
Developmentally Disabled	100,070.0	10,122.9	10.1		
Public Safety	**1,205.0**	**205.6**	**17.1**	**<0.01**	**0.08**
State Workforce	**890,898.5**	**2,644.1**	**0.3**	**0.1**	**0.97**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***12,415.0***	***12,415.0***	***100.0***	***0.2***	***4.54***
Prevention	NA	NA			
Treatment	12,415.0	12,415.0			
Research	0	0			
Total		***$486,594.2***		***9.4***	***$178.12***





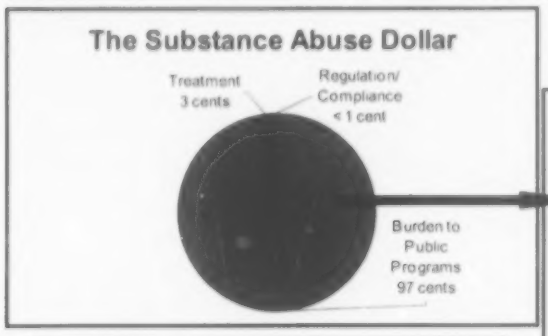
Total State Budget	$5,196 M
♦ Substance Abuse	$ 487 M
♦ Medicaid	$ 383 M
♦ Transportation	$ 611 M
♦ Higher Education	$1,316 M
Population	2.7 M

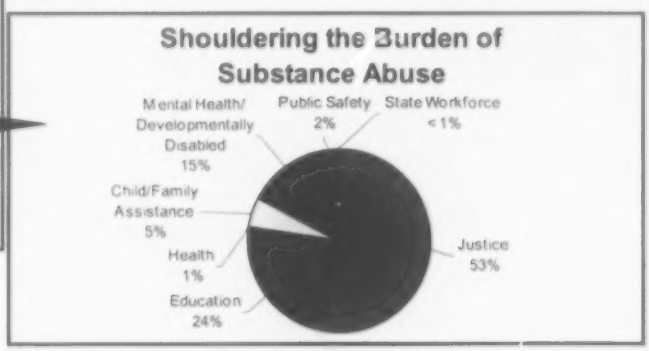
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $100,085,000; $37.07 per capita.

Missouri

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$6,928,833.9***	***$1,325,790.9***		***12.5***	***$245.19***
Justice	**864,448.3**	**699,253.3**		**6.6**	**129.32**
Adult Corrections	750,662.2	612,361.1	81.6		
Juvenile Justice	52,649.9	35,349.7	67.1		
Judiciary	61,136.2	51,542.5	84.3		
Education (Elementary/Secondary)	**3,062,755.2**	**316,876.2**	**10.3**	**3.0**	**58.60**
Health	**28,603.2**	**8,903.0**	**31.1**	**0.1**	**1.65**
Child/Family Assistance	**219,745.6**	**67,164.7**		**0.6**	**12.42**
Child Welfare	59,620.9	42,205.3	70.8		
Income Assistance	160,124.7	24,959.4	15.6		
Mental Health/Developmentally Disabled	**515,624.8**	**201,864.5**		**1.9**	**37.33**
Mental Health	358,411.5	186,180.9	51.9		
Developmentally Disabled	157,213.3	15,683.6	10.0		
Public Safety	**144,887.0**	**25,209.3**	**17.4**	**0.2**	**4.66**
State Workforce	**2,092,769.8**	**6,519.9**	**0.3**	**0.1**	**1.21**
Regulation/Compliance:	***4,536.8***	***4,536.8***	***100.0***	***<0.01***	***0.84***
Licensing and Control	4,150.0	4,150.0			
Collection of Taxes	386.7	386.7			
Prevention, Treatment and Research:	***41,670.9***	***41,670.9***	***100.0***	***0.4***	***7.71***
Prevention	NA	NA			
Treatment	41,670.9	41,670.9			
Research	0	0			
Total		***$1,371,998.5***		***12.9***	***$253.74***





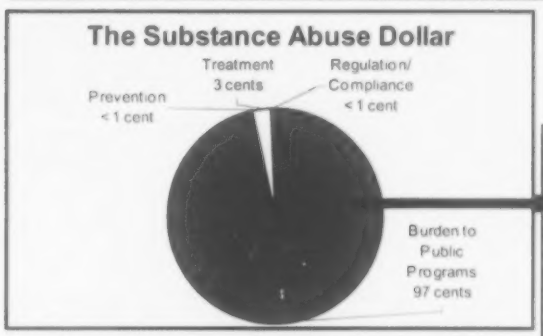
Total State Budget	$10,599 M
♦ Substance Abuse	$ 1,372 M
♦ Medicaid	$ 839 M
♦ Transportation	$ 1,071 M
♦ Higher Education	$ 928 M
Population	5.4 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $141,276,000; $26.16 per capita.

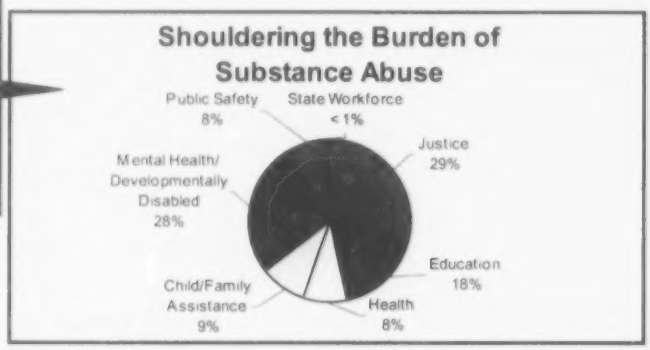
Montana

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$1,318,054.5***	***$247,503.7***		***14.9***	***$281.67***
Justice	**90,789.0**	**70,208.3**		**4.2**	**79.90**
Adult Corrections	68,943.0	55,342.9	80.3		
Juvenile Justice	18,437.0	12,030.6	65.3		
Judiciary	3,409.0	2,834.9	83.2		
Education (Elementary/Secondary)	**467,456.0**	**44,823.6**	**9.6**	**2.7**	**51.01**
Health	**83,339.0**	**20,663.6**	**24.8**	**1.2**	**23.52**
Child/Family Assistance	**47,354.0**	**22,186.0**		**1.3**	**25.25**
Child Welfare	26,295.0	18,147.1	**69.0**		
Income Assistance	21,059.0	4,038.9	19.2		
Mental Health/Developmentally Disabled	**202,040.0**	**68,657.2**		**4.1**	**78.13**
Mental Health	125,549.0	62,569.3	49.8		
Developmentally Disabled	76,491.0	6,088.0	8.0		
Public Safety	**31,947.0**	**19,833.4**	**62.1**	**1.2**	**22.57**
State Workforce	**395,129.5**	**1,131.6**	**0.3**	**0.1**	**1.29**
Regulation/Compliance:	***1,100.0***	***1,100.0***	***100.0***	***0.1***	***1.25***
Licensing and Control	366.0	366.0			
Collection of Taxes	734.0	734.0			
Prevention, Treatment and Research:	***7,214.0***	***7,214.0***	***100.0***	***0.4***	***8.21***
Prevention	2.0	2.0			
Treatment	7,212.0	7,212.0			
Research	0	0			
Total		***$255,817.7***		***15.4***	***$291.13***



Total State Budget	$1,665 M
♦ Substance Abuse	$ 256 M
♦ Medicaid	$ 115 M
♦ Transportation	$ 175 M
♦ Higher Education	$ 227 M
Population	.879 M



* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $33,287,000; $37.87 per capita.

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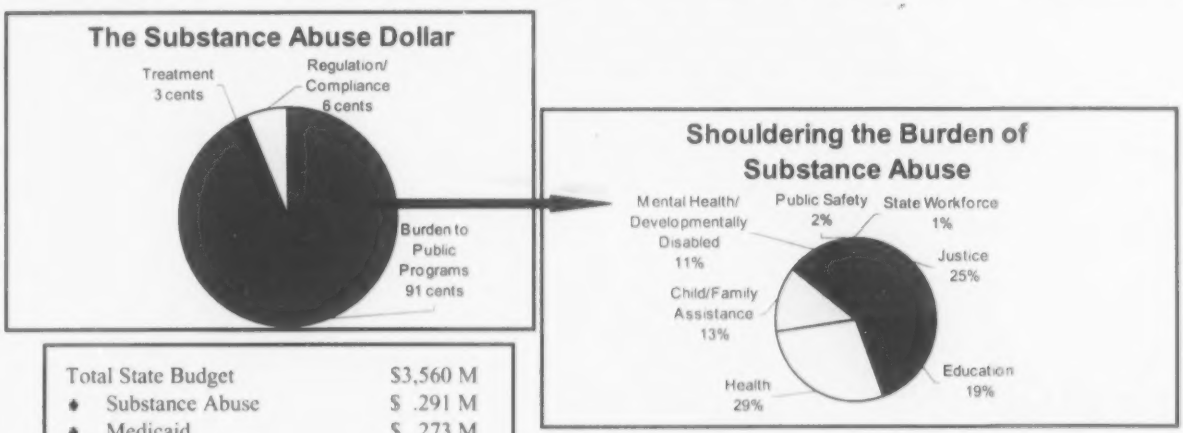
Nebraska

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$1,967,751.16***	***$264,665.4***		***7.4***	***$159.82***
Justice	**87,514.0**	**66,440.8**		**1.9**	**40.12**
Adult Corrections	73,451.0	57,624.6	78.5		
Juvenile Justice	14,063.0	8,816.1	62.7		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**594,625.0**	**51,537.4**	**8.7**	**1.5**	**31.12**
Health	**308,145.0**	**72,813.4**	**23.6**	**2.1**	**43.97**
Child/Family Assistance	**64,297.0**	**35,612.1**		**1.0**	**21.50**
Child Welfare	51,489.0	34,284.9	66.6		
Income Assistance	12,808.0	1,327.2	10.4		
Mental Health/Developmentally Disabled	**112,833.0**	**29,925.8**		**0.8**	**18.07**
Mental Health	53,286.0	25,076.4	47.1		
Developmentally Disabled	59,547.0	4,849.4	8.1		
Public Safety	**23,053.0**	**6,343.6**	**27.5**	**0.2**	**3.83**
State Workforce	**777,284.6**	**1,992.5**	**0.3**	**0.1**	**1.20**
Regulation/Compliance:	***17,492.0***	***17,492.0***	***100.0***	***0.5***	***10.56***
Licensing and Control	720.0	720.0			
Collection of Taxes	16,772.0	16,772.0			
Prevention, Treatment and Research:	***8,945.7***	***8,945.7***	***100.0***	***0.3***	***5.40***
Prevention	NA	NA			
Treatment	8,945.7	8,945.7			
Research	0	0			
Total		***$291,103.1***		***8.2***	***$175.78***



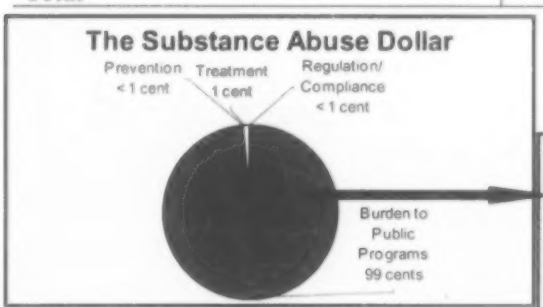
Total State Budget	$3,560 M
♦ Substance Abuse	$ .291 M
♦ Medicaid	$ 273 M
♦ Transportation	$ 435 M
♦ Higher Education	$1,038 M
Population	1.7 M

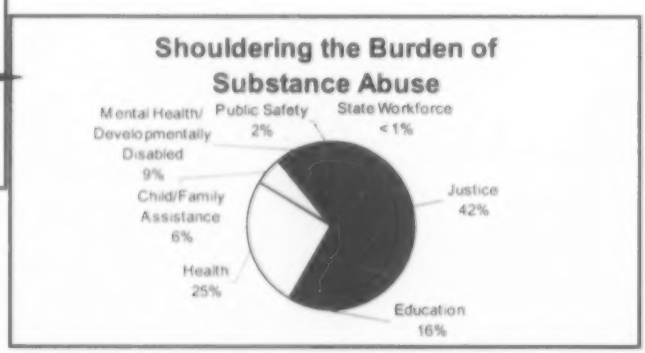
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $63,981,000; $37.64 per capita.

Nevada

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Affected Programs:	***$1,462,873.6***	***$466,801.3***		***9.0***	***$278.59***
Justice	**235,817.2**	**197,495.8**		**3.8**	**117.87**
Adult Corrections	218,245.7	184,866.0	84.7		
Juvenile Justice	17,571.5	12,629.8	71.9		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**579,291.0**	**73,070.2**	**12.6**	**1.4**	**43.61**
Health	**426,498.3**	**117,877.0**	**27.6**	**2.3**	**70.35**
Child/Family Assistance	**60,003.7**	**26,610.1**		**0.5**	**15.88**
Child Welfare	25,734.1	19,350.4	75.2		
Income Assistance	34,269.6	7,259.6	21.2		
Mental Health/Developmentally Disabled	**96,682.2**	**40,518.6**		**0.8**	**24.18**
Mental Health	64,442.8	37,045.1	57.5		
Developmentally Disabled	32,239.4	3,473.5	10.8		
Public Safety	**42,633.2**	**11,144.1**	**26.1**	**0.2**	**6.65**
State Workforce	**21,948.1**	**85.46**	**0.4**	**<0.01**	**0.05**
Regulation/Compliance:	***198.0***	***198.0***	***100.0***	***<0.01***	***0.12***
Licensing and Control	NA	NA			
Collection of Taxes	198.0	198.0			
Prevention, Treatment and Research:	***6,046.2***	***6,046.2***	***100.0***	***0.1***	***3.61***
Prevention	158.0	158.0			
Treatment	5,888.2	5,888.2			
Research	0	0			
Total		***$473,045.4***		***9.1***	***$282.32***





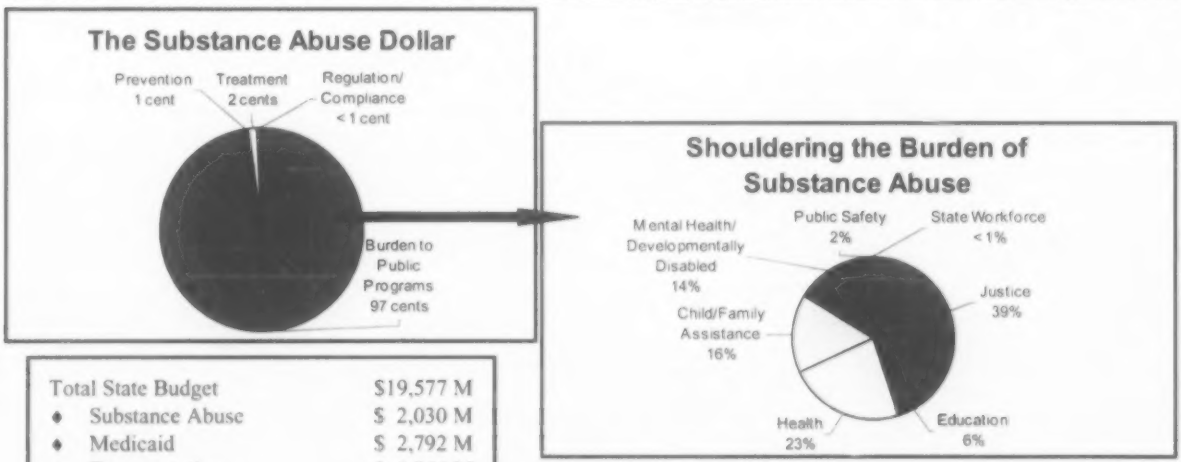
Total State Budget	$5,195 M
♦ Substance Abuse	$ 473 M
♦ Medicaid	$ NA M
♦ Transportation	$ NA M
♦ Higher Education	$ NA M
Population	1.7 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $81,560,000; $47.98 per capita.

New Jersey

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$9,137,291.0***	***$1,970,079.73***		***10.1***	***$244.65***
Justice	**995,518.0**	**764,160.2**		**3.9**	**94.88**
Adult Corrections	783,072.0	613,878.6	78.4		
Juvenile Justice	61,546.0	38,532.7	62.6		
Judiciary	150,900.0	111,749.0	74.1		
Education (Elementary/Secondary)	**1,340,000.0**	**115,768.1**	**8.6**	**0.6**	**14.37**
Health	**1,785,409.0**	**447,468.1**	**25.1**	**2.3**	**55.56**
Child/Family Assistance	**725,820.0**	**322,701.5**		**1.7**	**40.07**
Child Welfare	418,903.0	278,606.5	66.5		
Income Assistance	306,917.0	44,095.0	14.4		
Mental Health/Developmentally Disabled	**957,520.0**	**272,320.2**		**1.4**	**33.81**
Mental Health	504,941.0	273,183.2	47.0		
Developmentally Disabled	452,579.0	35,137.0	7.8		
Public Safety	**133,024.0**	**39,897.1**	**30.0**	**0.2**	**4.95**
State Workforce	**3,200,000.0**	**8,174.0**	**0.3**	**<0.01**	**1.01**
Regulation/Compliance:	***10,068.0***	***10,068.0***	***100.0***	***0.1***	***1.25***
Licensing and Control	10,068.0	10,068.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***49,704.0***	***49,704.0***	***100.0***	***0.3***	***6.17***
Prevention	18,136.0	18,136.0			
Treatment	31,568.0	31,568.0			
Research	0	0			
Total		***$2,030,261.1***		***10.4***	***$252.08***



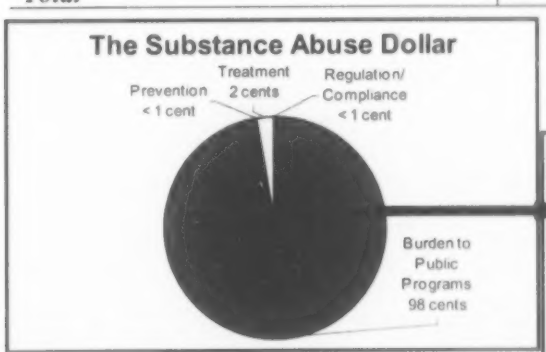
Total State Budget	$19,577 M
♦ Substance Abuse	$ 2,030 M
♦ Medicaid	$ 2,792 M
♦ Transportation	$ 1,266 M
♦ Higher Education	$ 1,951 M
Population	8 M

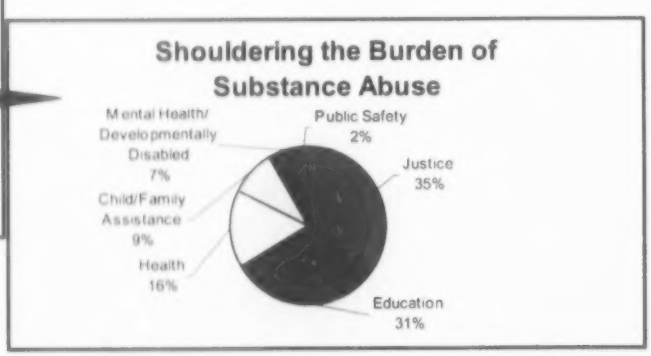
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $419,388,000; $52.42 per capita.

New Mexico

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($00	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita ($)
Affected Programs:	***$2,104,849.0***	***$455,955.8***		***9.7***	***$264.64***
Justice	**206,135.0**	**160,382.6**		**3.4**	**93.09**
Adult Corrections	159,672.0	129,505.3	81.1		
Juvenile Justice	46,463.0	30,877.3	66.5		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**1,405,000.0**	**141,384.1**	**10.1**	**3.0**	**82.06**
Health	**269,921.0**	**72,982.9**	**27.0**	**1.6**	**42.36**
Child/Family Assistance	**81,996.0**	**43,223.3**		**0.9**	**25.09**
Child Welfare	53,428.0	37,477.7	70.1		
Income Assistance	28,568.0	5,745.5	20.1		
Mental Health/Developmentally Disabled	**108,572.0**	**30,190.3**		**0.6**	**17.52**
Mental Health	51,548.0	26,379.3	51.2		
Developmentally Disabled	57,024.0	3,811.0	6.7		
Public Safety	**33,225.0**	**7,792.7**	**23.5**	**0.2**	**4.52**
State Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance:	***570.0***	***570.0***	***100.0***	***<0.01***	***0.33***
Licensing and Control	570.0	570.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***11,005.0***	***11,005.0***	***100.0***	***0.2***	***6.39***
Prevention	150.0	150.0			
Treatment	10,855.0	10,855.0			
Research	0	0			
Total		***$467,530.8***		***10.0***	***$271.36***


The Substance Abuse Dollar
Prevention < 1 cent
Treatment 2 cents
Regulation/ Compliance < 1 cent
Burden to Public Programs 98 cents



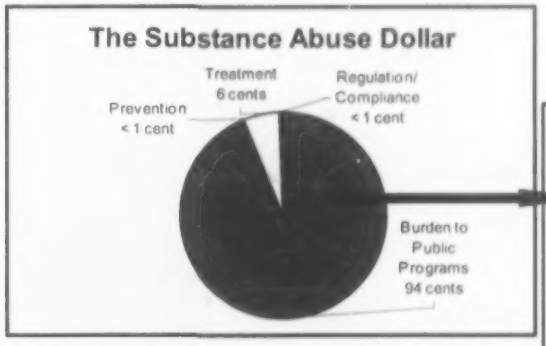
Total State Budget	$4,683 M
♦ Substance Abuse	$ .468 M
♦ Medicaid	$ 297 M
♦ Transportation	$ 374 M
♦ Higher Education	$1,050 M
Population	1.7 M

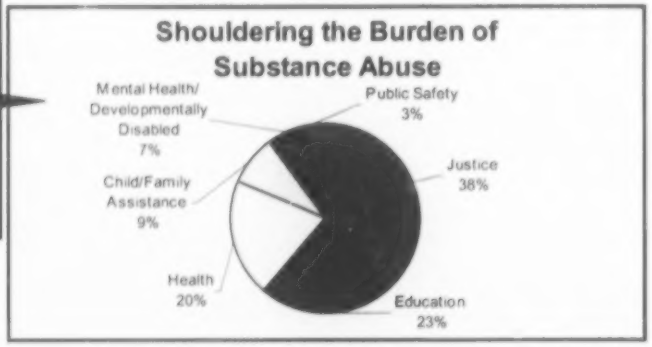
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $64,319,000; $37.83 per capita.

New York

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$36,833,718.2***	***$8,149,194.3***		***16.9***	***$449.16***
Justice	**3,984,661.2**	**3,084,682.0**		**6.4**	**170.02**
Adult Corrections	3,162,080.0	2,484,870.3	78.6		
Juvenile Justice	272,639.2	171,410.4	62.9		
Judiciary	549,942.0	428,401.4	77.9		
Education (Elementary/Secondary)	**21,434,108.0**	**1,870,884.6**	**8.7**	**3.9**	**103.12**
Health	**6,430,555.0**	**1,646,025.4**	**25.6**	**3.4**	**90.72**
Child/Family Assistance	**2,690,759.0**	**728,467.6**		**1.5**	**40.15**
Child Welfare	717,759.0	479,165.1	66.8		
Income Assistance	1,973,000.0	249,302.4	12.6		
Mental Health/Developmentally Disabled	**1,595,428.0**	**560,031.7**		**1.2**	**30.87**
Mental Health	1,119,354.0	528,922.9	47.3		
Developmentally Disabled	476,074.0	31,108.8	6.5		
Public Safety	**698,207.0**	**259,103.0**	**37.1**	**0.5**	**14.28**
State Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance:	***20,245.0***	***20,245.0***	***100.0***	***<0.01***	***1.12***
Licensing and Control	13,535.0	13,535.0			
Collection of Taxes	6,710.0	6,710.0			
Prevention, Treatment and Research:	***503,815.0***	***503,815.0***	***100.0***	***1.0***	***27.77***
Prevention	23,896.0	23,896.0			
Treatment	479,919.0	479,919.0			
Research	0	0			
Total		***$8,673,254.3***		***18.0***	***$478.04***





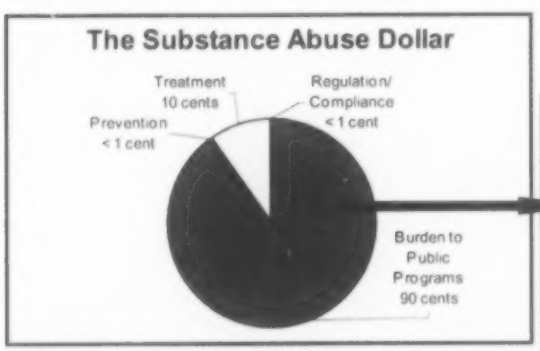
Total State Budget	$48,243 M
♦ Substance Abuse	$ 8,673 M
♦ Medicaid	$10,479 M
♦ Transportation	$ 2,355 M
♦ Higher Education	$ 4,300 M
Population	18.1 M

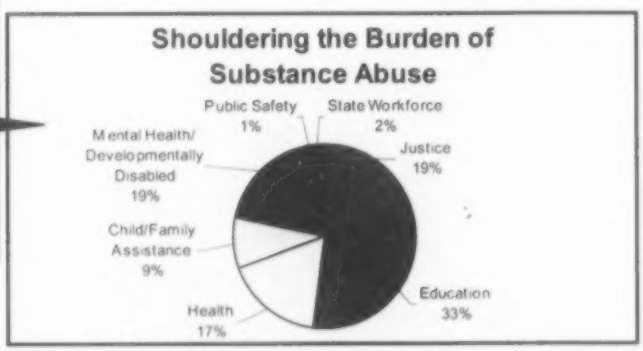
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $885,593,000; $48.93 per capita.

North Dakota

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs	***$1,058,226.0***	***$88,879.4***		***7.3***	***$138.67***
Justice	**21,326.0**	**16,555.2**		**1.4**	**25.83**
Adult Corrections	15,931.0	12,953.8	81.3		
Juvenile Justice	5,395.0	3,601.4	66.8		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**291,275.0**	**29,666.8**	**10.2**	**2.4**	**46.29**
Health	**65,285.0**	**15,226.4**	**23.3**	**1.3**	**23.76**
Child/Family Assistance	**15,311.0**	**8,097.8**		**0.7**	**12.63**
Child Welfare	9,951.0	7,008.2	70.4		
Income Assistance	5,360.0	1,089.6	20.3		
Mental Health/Developmentally Disabled	**56,503.0**	**16,684.2**		**1.4**	**26.03**
Mental Health	27,169.0	13,994.7	51.5		
Developmentally Disabled	29,334.0	2,689.5	9.2		
Public Safety	**1,286.0**	**789..9**	**61.4**	**0.1**	**1.23**
State Workforce	**607,240.0**	**1,859.2**	**0.3**	**0.2**	**2.90**
Regulation/Compliance:	***78.0***	***78.0***	***100.0***	***<0.01***	***0.12***
Licensing and Control	39.0	39.0			
Collection of Taxes	39.0	39.0			
Prevention, Treatment and Research:	***10,121.0***	***10,121.0***	***100.0***	***0.8***	***15.79***
Prevention	493.0	493.0			
Treatment	9,628.0	9,628.0			
Research	0	0			
Total		***$99,078.4***		***8.1***	***$154.58***





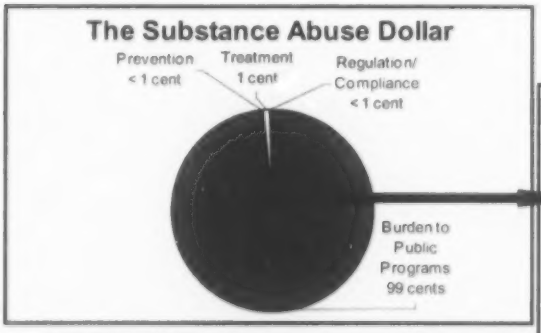
Total State Budget	$1,218 M
♦ Substance Abuse	$ .99 M
♦ Medicaid	$ 97 M
♦ Transportation	$ 124 M
♦ Higher Education	$ 235 M
Population	.641 M

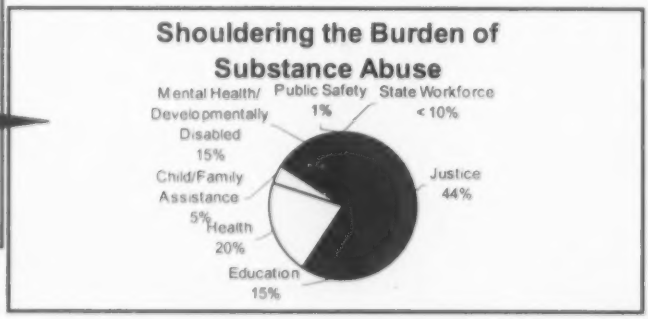
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $29,822,000; $46.52 per capita.

Ohio

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$11,607,126.0***	***$2,903,902.7***		***10.2***	***$258.99***
Justice	**1,700,233.0**	**1,293,180.4**		**4.5**	**115.33**
Adult Corrections	1,470,079.0	1,149,682.9	78.2		
Juvenile Justice	230,154.0	143,497.5	62.3		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**4,957,865.0**	**424,017.6**	**8.6**	**1.5**	**37.82**
Health	**2,381,281.0**	**593,891.7**	**24.9**	**2.1**	**52.97**
Child/Family Assistance	**783,167.0**	**134,027.9**		**0.5**	**11.95**
Child Welfare	NA	NA	NA		
Income Assistance	783,167.0	134,027.9	17.1		
Mental Health/Developmentally Disabled	**1,557,933.0**	**423,268.6**		**1.5**	**37.75**
Mental Health	792,999.0	370,305.0	46.7		
Developmentally Disabled	764,934.0	52,963.5	6.9		
Public Safety	**158,607.0**	**35,344.6**	**22.3**	**0.1**	**3.15**
State Workforce	**68,040.0**	**171.9**	**0.3**	**<0.01**	**0.02**
Regulation/Compliance:	***5,162.0***	***5,162.0***	***100.0***	***<0.01***	***0.46***
Licensing and Control	3,762.0	3,762.0			
Collection of Taxes	1,400.0	1,400.0			
Prevention, Treatment and Research:	***41,943.0***	***41,943.0***	***100.0***	***0.2***	***3.74***
Prevention	7,594.0	7,594.0			
Treatment	34,349.0	34,349.0			
Research	0	0			
Total		***$2,951,007.7***		***10.4***	***$263.19***





Total State Budget	$28,518 M
♦ Substance Abuse	$ 2,951 M
♦ Medicaid	$ 5,720 M
♦ Transportation	$ 2,022 M
♦ Higher Education	$ 2,211 M
Population	11.2 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $401,742,000; $35.87 per capita.

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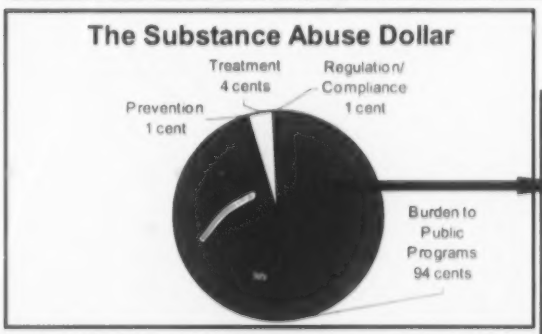
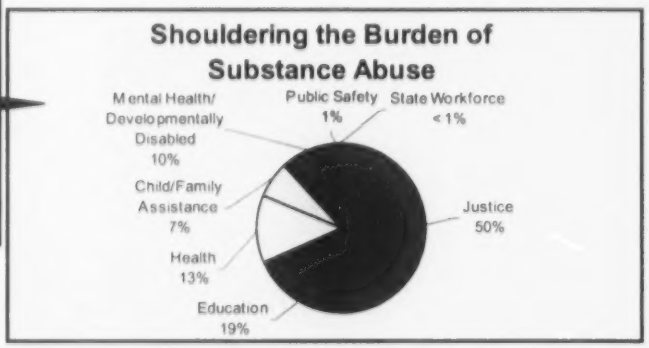
Oklahoma

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$4,117,380.1***	***$667,485.8***		***10.0***	***$201.40***
Justice	**441,231.0**	**326,380.2**		**4.9**	**98.48**
Adult Corrections	341,186.0	261,892.6	76.8		
Juvenile Justice	71,295.0	43,050.3	60.4		
Judiciary	28,750.0	21,437.4	74.6		
Education (Elementary/Secondary)	**1,613,792.0**	**127,907.8**	**7.9**	**1.9**	**38.59**
Health	**372,908.0**	**86,658.9**	**23.2**	**1.3**	**26.15**
Child/Family Assistance	**163,498.4**	**49,405.7**		**0.7**	**14.91**
Child Welfare	59,889.4	38,559.1	64.4		
Income Assistance	103,609.0	10,846.5	10.5		
Mental Health/Developmentally Disabled	**237,039.0**	**68,873.9**		**1.0**	**20.78**
Mental Health	137,791.0	61,510.0	44.6		
Developmentally Disabled	99,248.0	7,364.0	7.4		
Public Safety	**39,259.0**	**5,352.9**	**13.6**	**0.1**	**1.62**
State Workforce	**1,249,652.7**	**2,906.4**	**0.2**	**<0.01**	**0.88**
Regulation/Compliance:	***3,622.0***	***3,622.0***	***100.0***	***0.1***	***1.09***
Licensing and Control	3,622.0	3,622.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***34,381.7***	***34,381.7***	***100.0***	***0.5***	***10.37***
Prevention	5,882.4	5,882.4			
Treatment	28,007.3	28,007.3			
Research	492.0	492.0			
Total		***$705,489.5***		***10.5***	***$212.86***


The Substance Abuse Dollar
Treatment 4 cents
Regulation/ Compliance 1 cent
Prevention 1 cent
Burden to Public Programs 94 cents



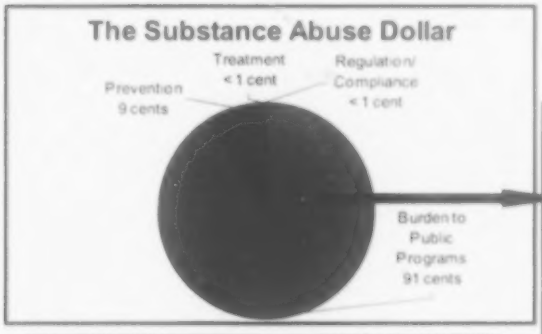
Total State Budget	$6,709 M
♦ Substance Abuse	$ .705 M
♦ Medicaid	$ 488 M
♦ Transportation	$ 609 M
♦ Higher Education	$1,274 M
Population	3.3 M

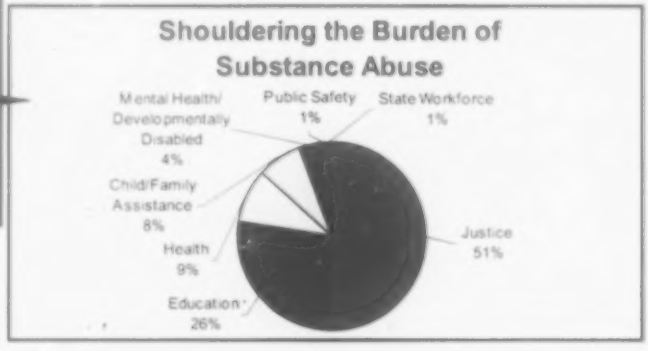
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $139,992,000; $42.42 per capita.

Oregon

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,034,874.0***	***$823,131.9***		***8.2***	***$253.80***
Justice	**524,927.0**	**419,085.6**		**4.2**	**129.22**
Adult Corrections	465,300.0	379,134.0	81.5		
Juvenile Justice	59,627.0	39,951.6	67.0		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**2,112,110.0**	**217,295.1**	**10.3**	**2.2**	**67.00**
Health	**347,495.0**	**78,098.2**	**22.5**	**0.8**	**24.08**
Child/Family Assistance	**142,508.0**	**62,615.3**		**0.6**	**19.31**
Child Welfare	66,574.0	47,040.8	70.7		
Income Assistance	75,934.0	15,574.4	20.5		
Mental Health/Developmentally Disabled	**342,543.0**	**29,947.9**		**0.3**	**9.23**
Mental Health	906.0	469.2	51.8		
Developmentally Disabled	341,637.0	29,478.7	8.6		
Public Safety	**43,177.0**	**11,377.3**	**26.4**	**0.1**	**3.51**
State Workforce	**1,522,114.0**	**4,712.5**	**0.3**	**0.1**	**1.45**
Regulation/Compliance:	***1,592.0***	***1,592.0***	***100.0***	***<0.01***	***0.49***
Licensing and Control	1,592.0	1,592.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***77,711.0***	***77,711.0***	***100.0***	***0.8***	***23.96***
Prevention	77,486.0	77,486.0			
Treatment	225.0	225.0			
Research	0	0			
Total		***$902,434.9***		***9.0***	***$278.25***





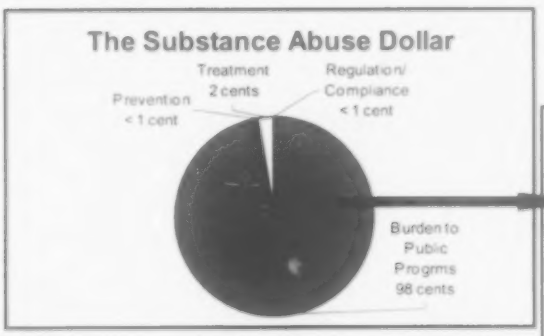
Total State Budget	$10,010 M
• Substance Abuse	$ 902 M
• Medicaid	$ 656 M
• Transportation	$ 538 M
• Higher Education	$ 1,234 M
Population	3.2 M

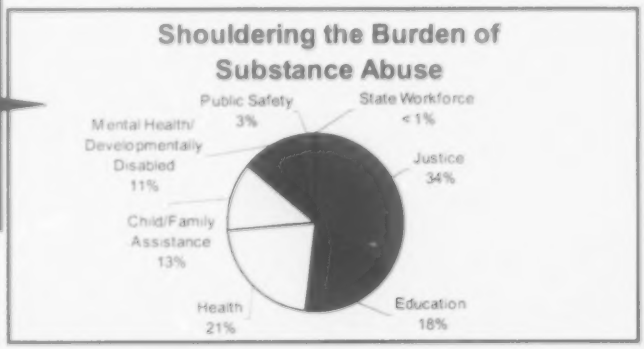
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $217,554,000; $ 67.99 per capita.

Pennsylvania

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$16,160,519.8***	***$3,402,243.5***		***14.0***	***$283.15***
Justice	**1,430,114.0**	**1,140,059.8**		**4.7**	**94.88**
Adult Corrections	1,143,035.0	938,485.5	82.1		
Juvenile Justice	86,308.0	58,621.2	67.9		
Judiciary	200,771.0	142,953.1	71.2		
Education (Elementary/Secondary)	**5,885,498.0**	**628,613.5**	**10.7**	**2.6**	**52.32**
Health	**2,852,888.0**	**721,788.2**	**25.3**	**3.0**	**60.07**
Child/Family Assistance	**1,183,452.0**	**428,658.7**		**1.8**	**35.67**
Child Welfare	400,801.0	286,650.4	71.5		
Income Assistance	782,651.0	142,008.3	18.1		
Mental Health/Developmentally Disabled	**1,341,381.0**	**379,377.6**		**1.6**	**31.57**
Mental Health	570,460.0	301,392.7	52.8		
Developmentally Disabled	770,921.0	77,984.9	10.1		
Public Safety	**321,259.0**	**93,591.0**	**29.1**	**0.4**	**7.79**
State Workforce	**3,145,927.9**	**10,154.7**	**0.3**	**<0.01**	**0.85**
Regulation/Compliance:	***1,873.5***	***1,873.5***	***100.0***	***<0.01***	***0.16***
Licensing and Control	220.5	220.5			
Collection of Taxes	1,653.0	1,653.0			
Prevention, Treatment and Research:	***102,192.3***	***102,192.3***	***100.0***	***0.4***	***8.50***
Prevention	16,564.0	16,564.0			
Treatment	85,628.3	85,628.3			
Research	0	0			
Total		***$3,506,309.3***		***14.5***	***$291.81***





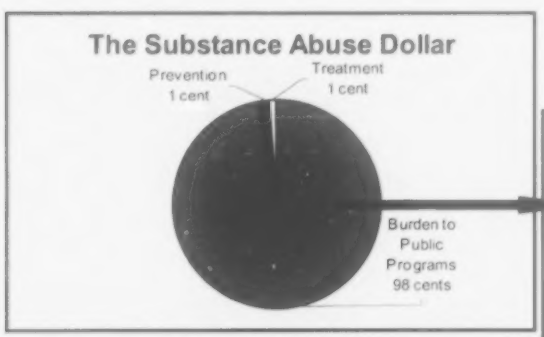
Total State Budget	$24,237 M
• Substance Abuse	$ 3,506 M
• Medicaid	$ 4,289 M
• Transportation	$ 2,686 M
• Higher Education	$ 1,686 M
Population	12.0 M

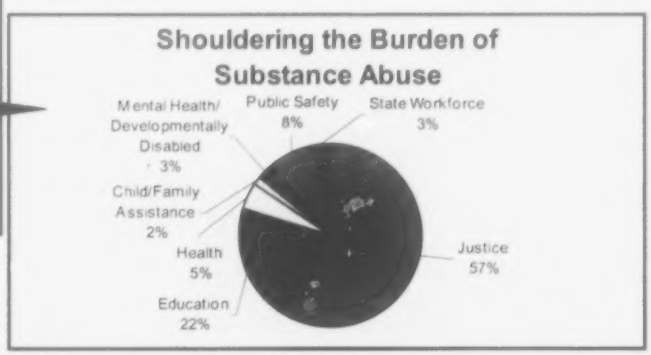
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $508,445,000; $42.37 per capita.

Puerto Rico

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$7,980,974.0***	***$872,996.3***		***6.0***	***$228.03***
Justice	**600,030.0**	**499,896.5**		**3.4**	**130.57**
Adult Corrections	417,406.0	360,105.3	86.3		
Juvenile Justice	148,497.0	110,422.4	74.4		
Judiciary	34,127.0	29,368.8	86.1		
Education (Elementary/Secondary)	**1,379,981.0**	**194,219.6**	**14.1**	**1.3**	**50.73**
Health	**167,000.0**	**40,700.87**	**24.4**	**0.3**	**10.63**
Child/Family Assistance	**41,197.0**	**14,461.9**		**0.1**	**3.78**
Child Welfare	6,663.0	5,162.2	77.5		
Income Assistance	34,534.0	9,299.7	26.9		
Mental Health/Developmentally Disabled	**72,888.0**	**27,598.7**		**0.2**	**7.21**
Mental Health	35,649.0	21,582.4	60.5		
Developmentally Disabled	37,239.0	6,016.2	16.2		
Public Safety	**279,426.0**	**72,093.0**	**25.8**	**0.5**	**18.83**
State Workforce	**5,440,452.0**	**24,025.8**	**0.4**	**0.2**	**6.28**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***25,920.0***	***25,920.0***	***100.0***	***0.2***	***6.77***
Prevention	13,268.0	13,268.0			
Treatment	11,040.0	11,040.0			
Research	1,612.0	1,612.0			
Total		***$898,916.3***		***6.2***	***$234.80***





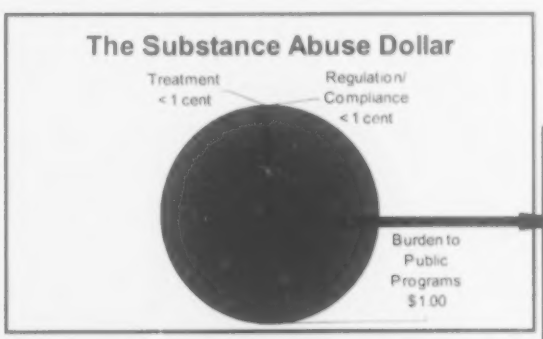
Total State Budget	$14,624 M
♦ Substance Abuse	$ 899 M
♦ Medicaid	$ 167 M
♦ Transportation	$ 1,275 M
♦ Higher Education	$ 771 M
Population	3.8 M

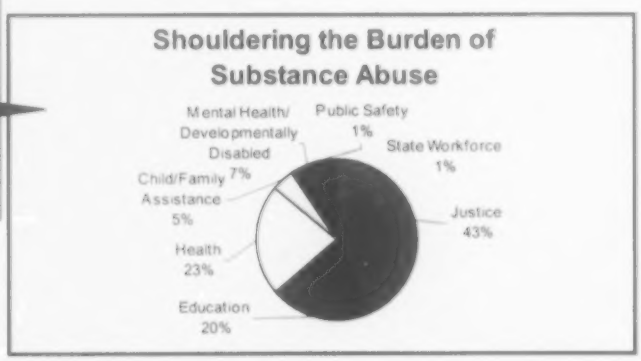
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $NA; $NA per capita.

Rhode Island

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$2,181,341.0***	***$298,230.4***		***11.3***	***$302.16***
Justice	**158,036.0**	**128,653.9**		**4.9**	**130.35**
Adult Corrections	128,000.0	106,807.0	83.4		
Juvenile Justice	24,386.0	17,053.5	69.9		
Judiciary	5,650.0	4,793.4	84.8		
Education (Elementary/Secondary)	**521,044.0**	**60,441.0**	**11.6**	**2.3**	**61.24**
Health	**249,904.0**	**67,302.0**	**26.9**	**2.6**	**68.19**
Child/Family Assistance	**78,914.0**	**13,907.9**		**0.5**	**14.09**
Child Welfare	276.0	202.6	73.4		
Income Assistance	78,638.0	13,705.4	17.4		
Mental Health/Developmentally Disabled	**104,188.0**	**21,443.3**		**0.8**	**21.73**
Mental Health	24,692.0	13,621.4	55.2		
Developmentally Disabled	79,496.0	7,822.0	9.8		
Public Safety	**10,669.0**	**2,730.1**	**25.6**	**0.1**	**2.77**
State Workforce	**1,058,586.0**	**3,752.2**	**0.4**	**0.1**	**3.80**
Regulation/Compliance:	***463.0***	***463.0***	***100.0***	***<0.01***	***0.47***
Licensing and Control	97.0	97.0			
Collection of Taxes	366.0	366.0			
Prevention, Treatment and Research:	***728.0***	***728.0***	***100.0***	***<0.01***	***0.74***
Prevention	NA	NA			
Treatment	728.0	728.0			
Research	0	0			
Total		***$299,421.4***		***11.3***	***$303.37***





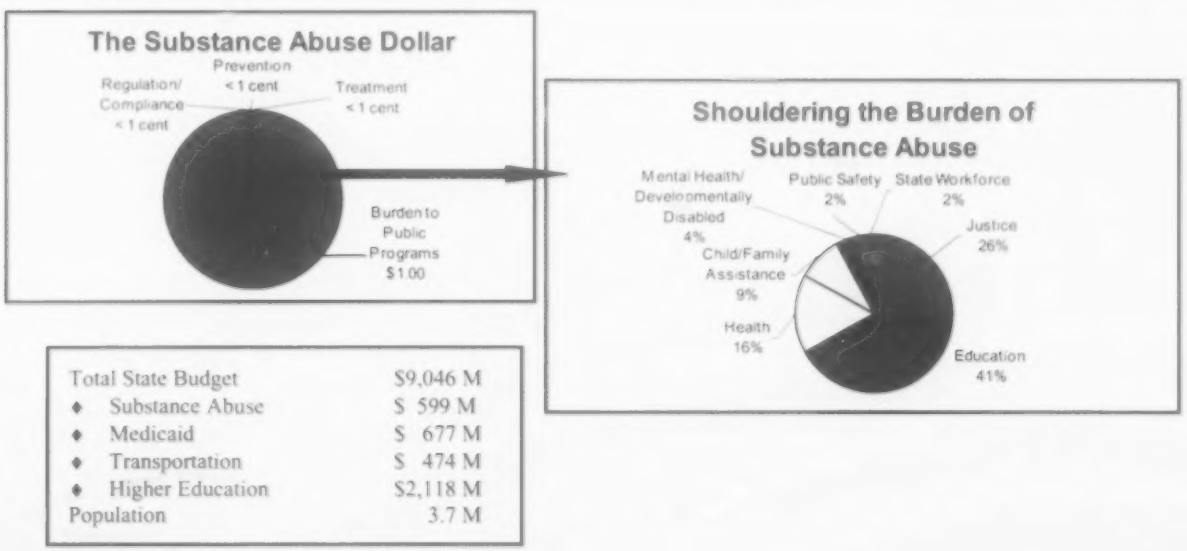
Total State Budget	$2,643 M
♦ Substance Abuse	$ 299 M
♦ Medicaid	$ 535 M
♦ Transportation	$ 85 M
♦ Higher Education	$ 390 M
Population	.987 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $71,850,000; $72.80 per capita.

South Carolina

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$5,556,243.5***	***$597,474.4***		***6.6***	***$157.64***
Justice	**199,001.0**	**154,711.5**		**1.7**	**40.82**
Adult Corrections	82,252.0	69,360.0	84.3		
Juvenile Justice	94,973.0	67,703.8	71.3		
Judiciary	21,776.0	17,647.7	81.0		
Education (Elementary/Secondary)	**1,977,807.0**	**243,225.7**	**12.3**	**2.7**	**64.17**
Health	**387,797.0**	**96,875.2**	**25.0**	**1.1**	**25.56**
Child/Family Assistance	**134,519.0**	**55,598.8**		**0.6**	**14.67**
Child Welfare	52,512.0	39,199.8	74.6		
Income Assistance	82,007.0	16,399.0	20.0		
Mental Health/Developmentally Disabled	**42,356.0**	**23,053.0**		**0.3**	**6.08**
Mental Health	40,178.0	22,811.3	56.8		
Developmentally Disabled	2,178.0	241.7	11.1		
Public Safety	**67,571.0**	**13,617.7**	**20.2**	**0.2**	**3.59**
State Workforce	**2,747,192.5**	**10,392.7**	**0.4**	**0.1**	**2.74**
Regulation/Compliance:	***303.0***	***303.0***	***100.0***	***<0.01***	***0.08***
Licensing and Control	NA	NA			
Collection of Taxes	303.0	303.0			
Prevention, Treatment and Research:	***1,562.0***	***1,562.0***	***100.0***	***<0.01***	***0.41***
Prevention	455.0	455.0			
Treatment	1,107.0	1,107.0			
Research	0	0			
Total		***$599,339.4***		***6.6***	***$158.13***



Total State Budget	$9,046 M
♦ Substance Abuse	$ 599 M
♦ Medicaid	$ 677 M
♦ Transportation	$ 474 M
♦ Higher Education	$2,118 M
Population	3.7 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $158,586,000; $42.86 per capita.

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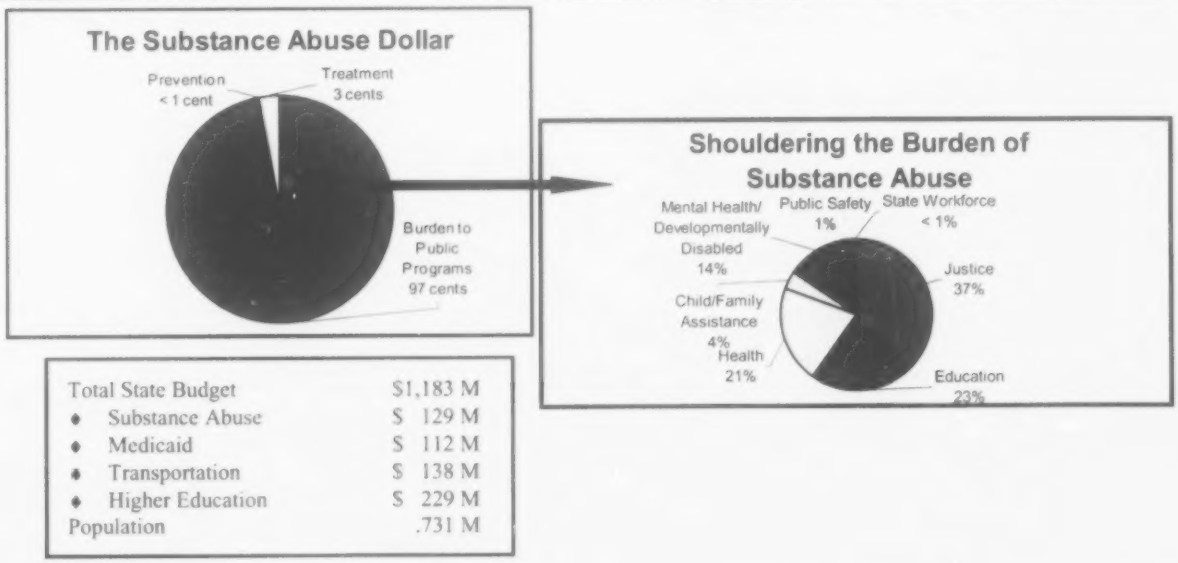
South Dakota

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$680,795.6***	***$125,216.4***		***10.6***	***$171.33***
Justice	**57,516.0**	**46,021.6**		**3.9**	**62.97**
Adult Corrections	32,992.0	27,149.2	82.3		
Juvenile Justice	11,693.0	7,974.3	68.2		
Judiciary	12,831.0	10,898.1	84.9		
Education (Elementary/Secondary)	**265,045.7**	**28,631.2**	**10.8**	**2.4**	**39.17**
Health	**109,080.0**	**26,131.8**	**24.0**	**2.2**	**35.76**
Child/Family Assistance	**11,395.0**	**4,790.5**		**0.4**	**6.55**
Child Welfare	5,403.0	3,878.1	71.8		
Income Assistance	5,992.0	912.4	15.2		
Mental Health/Developmentally Disabled	**50,931.6**	**17,318.2**		**1.5**	**23.70**
Mental Health	27,549.2	14,642.2	53.1		
Developmentally Disabled	23,382.4	2,676.0	11.4		
Public Safety	**11,164.7**	**1,748.8**	**15.7**	**0.2**	**2.39**
State Workforce	**175,662.6**	**574.2**	**0.3**	**0.1**	**0.79**
Regulation/Compliance:	***NA***	***NA***	***NA***	***NA***	***NA***
Licensing and Control	NA	NA			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***3,768.6***	***3,768.6***	***100.0***	***0.3***	***5.16***
Prevention	256.7	256.7			
Treatment	3,511.9	3,511.9			
Research	0	0			
Total		***$128,985.0***		***10.9***	***$176.49***



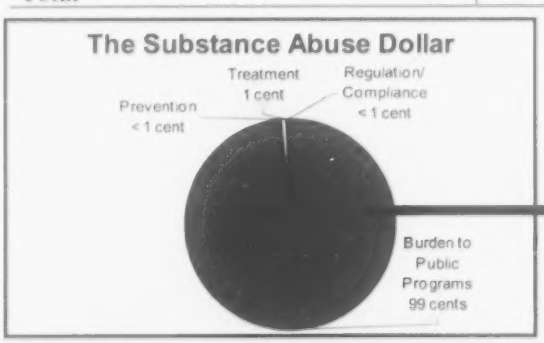
Total State Budget	$1,183 M
♦ Substance Abuse	$ 129 M
♦ Medicaid	$ 112 M
♦ Transportation	$ 138 M
♦ Higher Education	$ 229 M
Population	.731 M

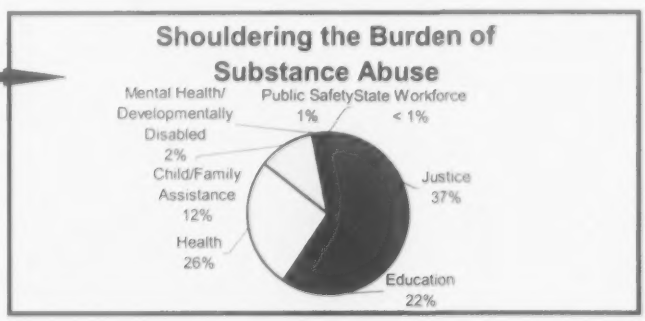
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $31,106,000; $42.55 per capita.

Tennessee

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$4,643,339.9***	***$918,728.4***		***9.9***	***$170.82***
Justice	**452,406.0**	**343,195.2**		**3.7**	**63.81**
Adult Corrections	364,604.0	282,911.9	77.6		
Juvenile Justice	55,231.0	33,973.4	61.5		
Judiciary	32,571.0	26,309.9	80.8		
Education (Elementary/Secondary)	**2,432,879.0**	**201,413.1**	**8.3**	**2.2**	**37.45**
Health	**1,147,977.0**	**240,390.4**	**20.9**	**2.6**	**44.70**
Child/Family Assistance	**227,890.0**	**106,270.5**		**1.1**	**19.76**
Child Welfare	139,559.0	91,359.9	65.5		
Income Assistance	88,331.0	14,910.6	16.9		
Mental Health/Developmentally Disabled	**71,632.0**	**16,787.1**		**0.2**	**3.12**
Mental Health	29,721.0	13,616.4	45.8		
Developmentally Disabled	41,911.0	3,170.7	7.6		
Public Safety	**59,997.9**	**10,061.3**	**16.8**	**0.1**	**1.87**
State Workforce	**250,558.0**	**611.0**	**0.2**	**<0.01**	**0.11**
Regulation/Compliance:	***3,875.0***	***3,875.0***	***100.0***	***<0.01***	***0.72***
Licensing and Control	2,959.0	2,959.0			
Collection of Taxes	916.0	916.0			
Prevention, Treatment and Research:	***8,929.0***	***8,929.0***	***100.0***	***0.1***	***1.66***
Prevention	2,786.0	2,786.0			
Treatment	6,000.0	6,000.0			
Research	143.0	143.0			
Total		***$931,532.4***		***10.0***	***$173.20***





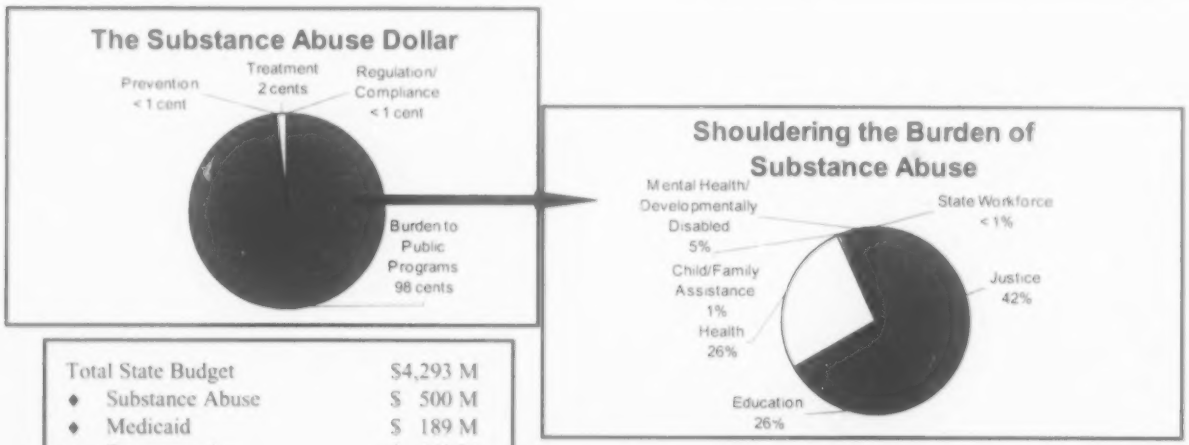
Total State Budget	$9,310 M
♦ Substance Abuse	$ 932 M
♦ Medicaid	$1,204 M
♦ Transportation	$ 633 M
♦ Higher Education	$1,610 M
Population	5.4 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $158,329,000; $29.32 per capita.

Utah

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$2,986,596.0***	***$489,759.9***		***11.4***	***$237.13***
Justice	**262,325.0**	**202,108.1**		**4.7**	**97.85**
Adult Corrections	212,947.0	170,129.9	79.9		
Juvenile Justice	48,905.0	31,646.3	64.7		
Judiciary	473.0	331.9	70.2		
Education (Elementary/Secondary)	**1,332,296.0**	**125,024.3**	**9.4**	**2.9**	**60.53**
Health	**682,152.0**	**129,528.8**	**19.0**	**3.0**	**62.71**
Child/Family Assistance	**23,970.0**	**4,502.8**		**0.1**	**2.18**
Child Welfare	NA	NA	NA		
Income Assistance	23,970.0	4,502.8	18.8		
Mental Health/Developmentally Disabled	**83,573.0**	**26,911.6**		**0.6**	**13.03**
Mental Health	48,436.0	23,850.29	49.2		
Developmentally Disabled	35,137.0	3,061.4	8.7		
Public Safety	**NA**	**NA**	**NA**	**NA**	**NA**
State Workforce	**602,280.0**	**1,684.4**	**0.3**	**<0.01**	**0.82**
Regulation/Compliance:	***60.0***	***60.0***	***100.0***	***<0.01***	***0.03***
Licensing and Control	NA	NA			
Collection of Taxes	60.0	60.0			
Prevention, Treatment and Research:	***10,103.0***	***10,103.0***	***100.0***	***0.2***	***4.89***
Prevention	2,134.0	2,134.0			
Treatment	7,969.0	7,969.0			
Research	0	0			
Total		***$499,922.9***		***11.7***	***$242.05***



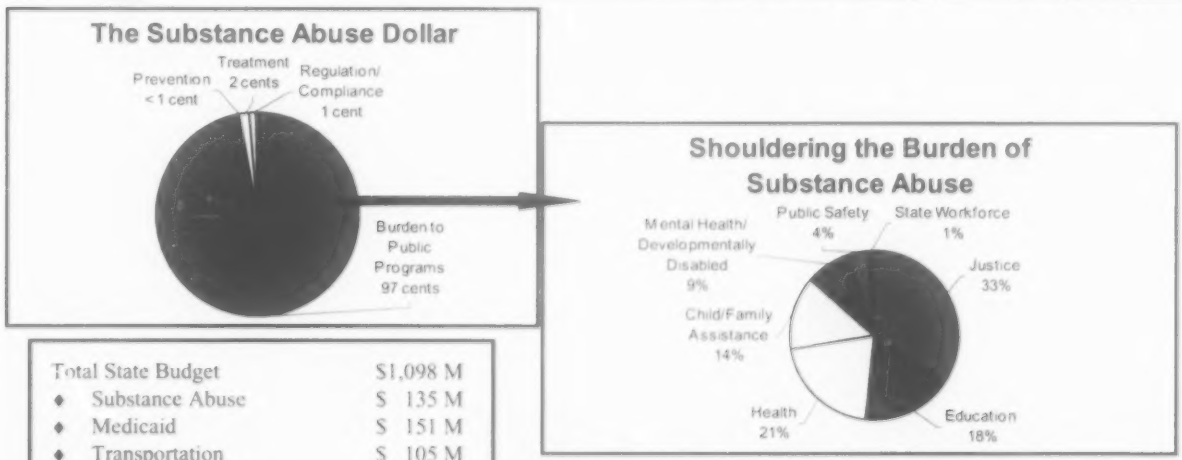
Total State Budget	$4,293 M
♦ Substance Abuse	$ 500 M
♦ Medicaid	$ 189 M
♦ Transportation	$ 443 M
♦ Higner Education	$ 643 M
Population	2.1 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $65,732,000; $31.30 per capita.

Vermont

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$860,366.1***	***$130,342.7***		***11.9***	***$221.42***
Justice	**54,158.0**	**43,378.3**		**4.0**	**73.69**
Adult Corrections	42,957.0	34,971.4	81.4		
Juvenile Justice	1,851.0	1,238.3	66.9		
Judiciary	9,350.0	7,168.7	76.7		
Education (Elementary/Secondary)	**231,730.0**	**23,739.5**	**10.2**	**2.2**	**40.33**
Health	**110,836.4**	**27,131.9**	**24.5**	**2.5**	**46.09**
Child/Family Assistance	**58,989.3**	**18,386.4**		**1.7**	**31.23**
Child Welfare	16,607.3	11,718.3	70.6		
Income Assistance	42,382.0	6,668.0	15.7		
Mental Health/Developmentally Disabled	**42,994.5**	**12,041.0**		**1.1**	**20.45**
Mental Health	18,832.0	9,730.7	51.7		
Developmentally Disabled	24,162.5	2,310.3	9.6		
Public Safety	**25,756.9**	**4,630.5**	**18.0**	**0.4**	**7.87**
State Workforce	**335,901.0**	**1,035.1**	**0.3**	**0.1**	**1.76**
Regulation/Compliance:	***1,468.0***	***1,468.0***	***100.0***	***0.1***	***2.49***
Licensing and Control	1,277.0	1,277.0			
Collection of Taxes	191.0	191.0			
Prevention, Treatment and Research:	***3,024.0***	***3,024.0***	***100.0***	***0.3***	***5.14***
Prevention	603.0	603.0			
Treatment	2,158.0	2,158.0			
Research	263.0	263.0			
Total		***$134,834.7***		***12.3***	***$229.05***



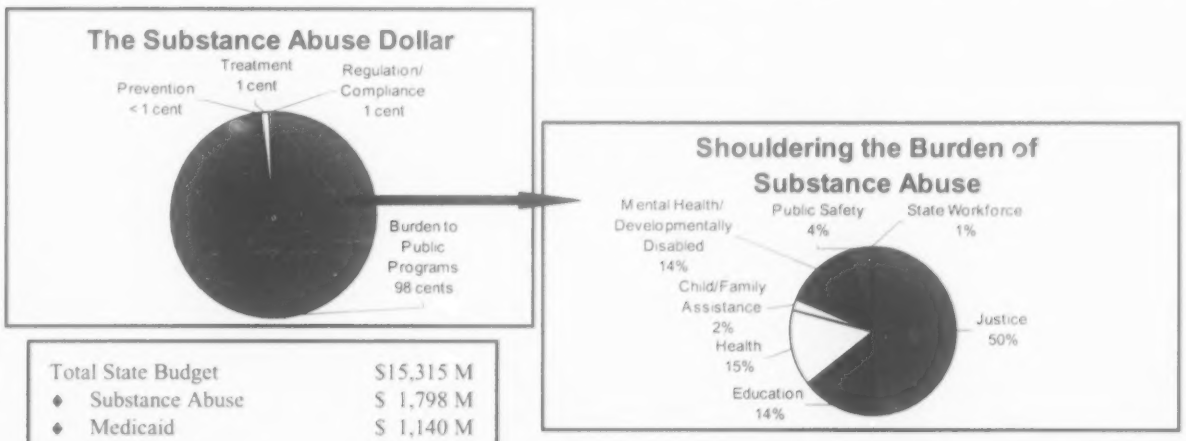
Total State Budget	$1,098 M
♦ Substance Abuse	$ 135 M
♦ Medicaid	$ 151 M
♦ Transportation	$ 105 M
♦ Higher Education	$ 56 M
Population	.589 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $27,974,000; $47.49 per capita.

Virginia

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$11,063,129.9***	***$1,758,501.9***		***11.5***	***$261.18***
Justice	**1,170,121.1**	**879,864.5**		**5.8**	**130.68**
Adult Corrections	703,376.8	547,418.2	77.8		
Juvenile Justice	212,362.1	131,301.8	61.8		
Judiciary	254,382.2	201,144.6	79.1		
Education (Elementary/Secondary)	**2,895,766.1**	**242,707.2**	**8.4**	**1.6**	**36.05**
Health	**1,163,264.0**	**264,988.8**	**22.8**	**1.7**	**39.36**
Child/Family Assistance	**153,660.6**	**37,462.8**		**0.2**	**5.56**
Child Welfare	29,140.0	19,164.4	65.8		
Income Assistance	124,520.6	18,298.5	14.7		
Mental Health/Developmentally Disabled	**754,397.7**	**243,569.2**		**1.6**	**36.18**
Mental Health	475,262.8	219,324.7	46.1		
Developmentally Disabled	279,134.9	24,245.0	8.7		
Public Safety	**434,311.6**	**78,808.8**	**18.1**	**0.5**	**11.71**
State Workforce	**4,491,608.9**	**11,100.2**	**0.2**	**0.1**	**1.65**
Regulation/Compliance:	***11,624.1***	***11,624.1***	***100.0***	***0.1***	***1.73***
Licensing and Control	11,424.1	11,424.1			
Collection of Taxes	200.0	200.0			
Prevention, Treatment and Research:	***28,248.1***	***28,248.1***	***100.0***	***0.2***	***4.20***
Prevention	4,339.6	4,339.6			
Treatment	23,908.5	23,908.5			
Research	0	0			
Total		***$1,798,374.1***		***11.7***	***$267.10***



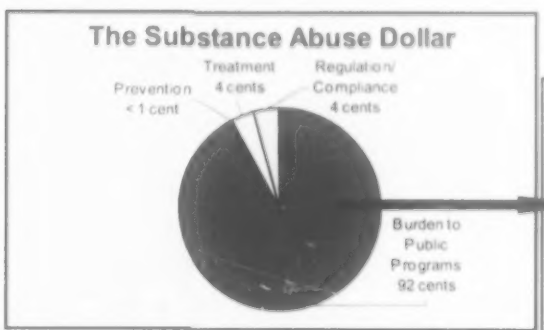
Total State Budget	$15,315 M
♦ Substance Abuse	$ 1,798 M
♦ Medicaid	$ 1,140 M
♦ Transportation	$ 2,117 M
♦ Higher Education	$ 2,295 M
Population	6.7 M

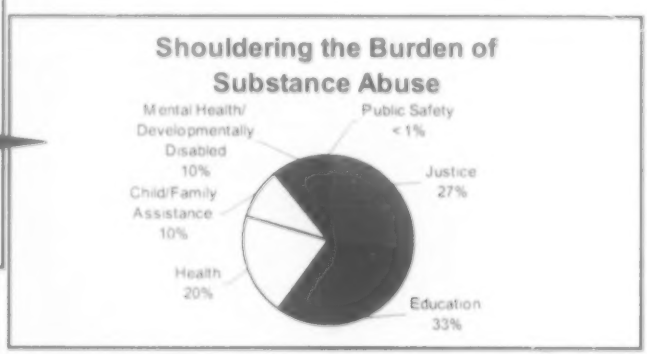
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $133,755,000; $19.96 per capita.

Washington

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Consequences:	***$6,782,438.8***	***$1,387,146.7***		***10.0***	***$247.52***
Justice	**485,023.0**	**378,772.7**		**2.7**	**67.59**
Adult Corrections	391,000.0	316,506.5	80.9		
Juvenile Justice	94,023.0	62,266.2	66.2		
Judiciary	NA	NA	NA		
Education (Elementary/Secondary)	**4,502,000.0**	**448,832.7**	**10.0**	**3.2**	**80.09**
Health	**1,125,458.0**	**273,679.8**	**24.3**	**2.0**	**48.84**
Child/Family Assistance	**199,711.0**	**139,655.9**		**1.0**	**24.92**
Child Welfare	199,711.0	139,655.9	69.9		
Income Assistance	NA	NA	NA		
Mental Health/Developmentally Disabled	**464,960.0**	**145,061.3**		**1.1**	**25.88**
Mental Health	246,389.0	125,450.3	50.9		
Developmentally Disabled	218,571.0	19,611.0	9.0		
Public Safety	**5,286.8**	**1,144.3**	**21.6**	**<0.01**	**0.20**
State Workforce	**NA**	**NA**	**NA**	**NA**	**NA**
Regulation/Compliance:	***64,950.0***	***64,950.0***	***100.0***	***0.5***	***11.59***
Licensing and Control	64,950.0	64,950.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***57,198.0***	***57,198.0***	***100.0***	***0.4***	***10.21***
Prevention	3,940.0	3,940.0			
Treatment	53,258.0	53,258.0			
Research	0	0			
Total		***$1,509,294.7***		***10.9***	***$269.32***





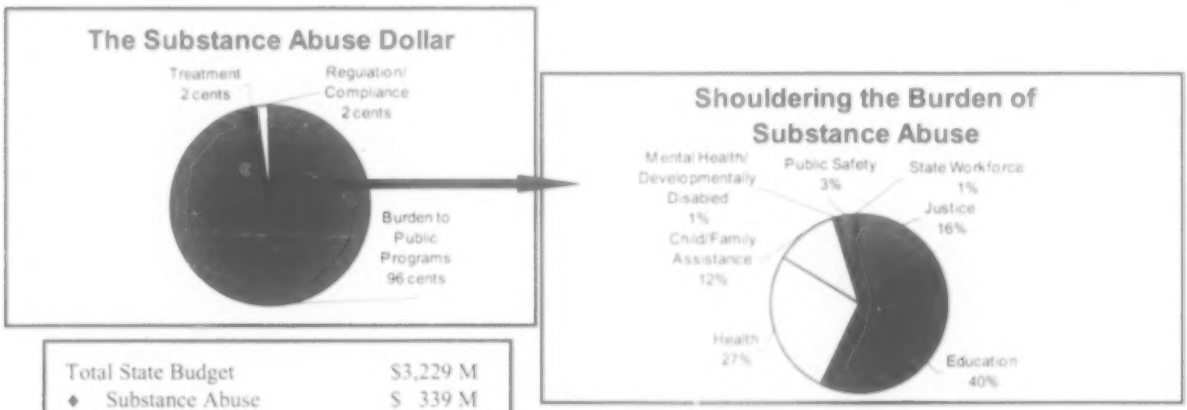
Total State Budget	$13,874 M
♦ Substance Abuse	$ 1,509 M
♦ Medicaid	$ 1,464 M
♦ Transportation	$ 1,094 M
♦ Higher Education	$ 2,646 M
Population	5.6 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $432,241,000; $77.19 per capita.

West Virginia

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$2,805,397.9***	***$324,566.6***		***10.0***	***$178.77***
Justice	**64,186.0**	**51,992.5**		**1.6**	**28.64**
Adult Corrections	53,086.0	42,847.4	80.7		
Juvenile Justice	5,730.0	3,775.2	65.9		
Judiciary	5,370.0	5,370.0	100.0†		
Education (Elementary/Secondary)	**1,348,553.0**	**132,622.1**	**9.8**	**4.1**	**73.05**
Health	**360,000.0**	**86,792.4**	**24.1**	**2.7**	**47.80**
Child/Family Assistance	**86,066.0**	**38,150.7**		**1.2**	**21.01**
Child Welfare	42,464.0	29,558.9	69.6		
Income Assistance	43,602.0	8,591.8	19.7		
Mental Health/Developmentally Disabled	**12,941.5**	**3,350.7**		**0.1**	**1.85**
Mental Health	4,915.1	2,483.9	50.5		
Developmentally Disabled	8,026.4	866.8	10.8		
Public Safety	**66,739.0**	**9,105.0**	**13.6**	**0.3**	**5.01**
State Workforce	**866,912.4**	**2,553.1**	**0.3**	**0.1**	**1.41**
Regulation/Compliance:	***6,439.0***	***6,439.0***	***100.0***	***0.2***	***3.55***
Licensing and Control	6,439.0	6,439.0			
Collection of Taxes	NA	NA			
Prevention, Treatment and Research:	***7,798.1***	***7,798.1***	***100.0***	***0.2***	***4.30***
Prevention	NA	NA			
Treatment	7,798.1	7,798.1			
Research	0	0			
Total		***$338,803.7***		***10.5***	***$186.61***



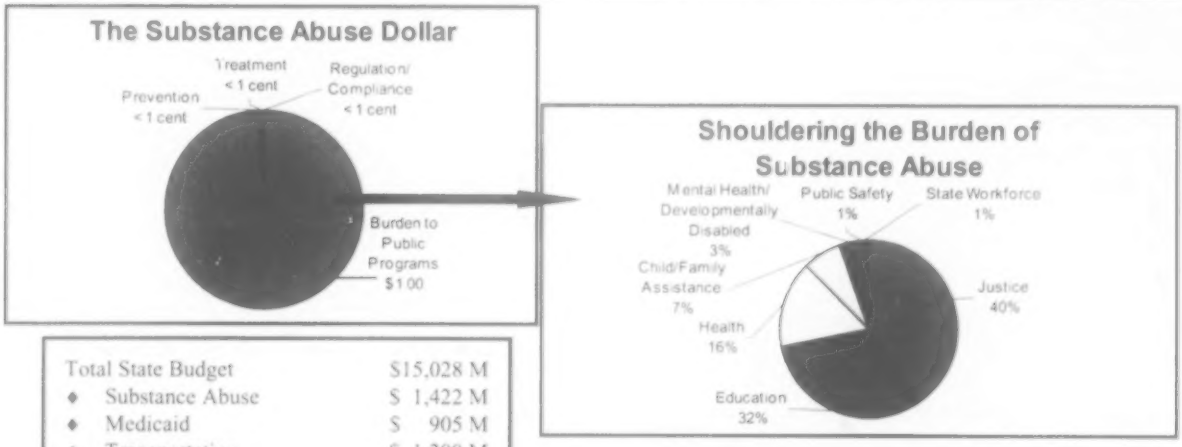
Total State Budget	$3,229 M
♦ Substance Abuse	$ 339 M
♦ Medicaid	$ 344 M
♦ Transportation	$ 501 M
♦ Higher Education	$ 792 M
Population	1.8 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $50,942,000; $28.30 per capita.
† West Virginia only reported judiciary spending for drug courts.

Wisconsin

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$9,313,252.0***	***$1,413,409.0***		***9.4***	***$271.80***
Justice	**684,453.0**	**557,996.0**		**3.7**	**107.30**
Adult Corrections	509,757.0	427,708.0	83.9		
Juvenile Justice	109,625.0	77,435.5	70.6		
Judiciary	65,071.0	52,852.5	81.2		
Education (Elementary/Secondary)	**3,805,000.0**	**455,123.1**	**12.0**	**3.0**	**87.52**
Health	**904,817.0**	**224,759.6**	**24.8**	**1.5**	**43.22**
Child/Family Assistance	**421,705.0**	**102,678.0**		**0.7**	**19.74**
Child Welfare	64,552.0	47,798.8	74.0		
Income Assistance	357,153.0	54,879.2	15.4		
Mental Health/Developmentally Disabled	**215,244.0**	**46,005.5**		**0.3**	**8.85**
Mental Health	50,395.0	28,220.7	56.0		
Developmentally Disabled	164,849.0	17,784.9	10.8		
Public Safety	**53,420.0**	**15,011.3**	**28.1**	**0.1**	**2.89**
State Workforce	**3,228,613.0**	**11,835.6**	**0.4**	**0.1**	**2.28**
Regulation/Compliance:	***323.0***	***323.0***	***100.0***	***<0.01***	***0.06***
Licensing and Control	NA	NA			
Collection of Taxes	323.0	323.0			
Prevention, Treatment and Research:	***7,834.0***	***7,834.0***	***100.0***	***0.1***	***1.51***
Prevention	1,512.0	1,512.0			
Treatment	6,322.0	6,322.0			
Research	0	0			
Total		***$1,421,566.0***		***9.5***	***$273.37***



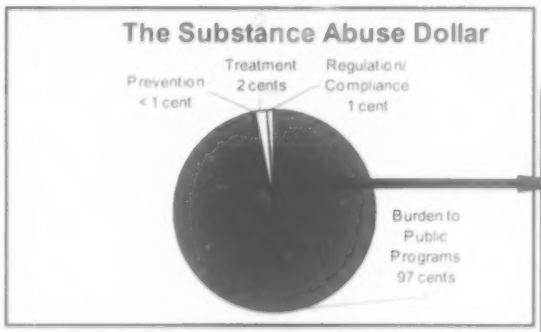
Total State Budget	$15,028 M
♦ Substance Abuse	$ 1,422 M
♦ Medicaid	$ 905 M
♦ Transportation	$ 1,200 M
♦ Higher Education	$ 2,268 M
Population	5.2 M

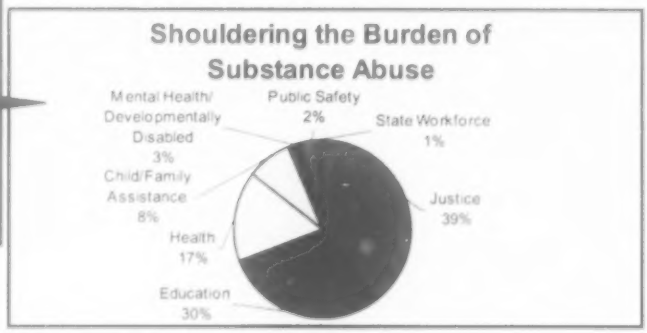
* Numbers may not add due to rounding. Tobacco and alcohol tax revenue total $299,480,00; $57.59 per capita.

Wyoming

Summary of State Spending on Substance Abuse (1998)*

	State Spending by Category ($000)	Spending Related to Substance Abuse			
		Amount ($000)	Percent	As Percent of State Budget	Per Capita
Affected Programs:	***$830,172.4***	***$111,296.0***		***7.5***	***$231.85***
Justice	**56,154.0**	**43,531.3**		**2.9**	**90.68**
Adult Corrections	32,127.0	26,121.9	81.3		
Juvenile Justice	16,109.0	10,752.6	66.7		
Judiciary	7,918.0	6,656.8	84.1		
Education (Elementary/Secondary)	**326,265.0**	**33,223.3**	**10.2**	**2.2**	**69.21**
Health	**79,228.0**	**18,447.3**	**23.3**	**1.2**	**38.43**
Child/Family Assistance	**19,697.0**	**8,959.5**		**0.6**	**18.66**
Child Welfare	10,025.0	7,059.8	70.4		
Income Assistance	9,672.0	1,899.8	19.6		
Mental Health/Developmentally Disabled	**16,227.0**	**3,411.5**		**0.2**	**7.11**
Mental Health	4,629.0	2,384.1	51.5		
Developmentally Disabled	11,598.0	1,027.4	8.9		
Public Safety	**12,583.0**	**2,743.5**	**21.8**	**0.2**	**5.72**
State Workforce	**320,018.4**	**979.6**	**0.3**	**0.1**	**2.04**
Regulation/Compliance:	***1,148.0***	***1,148.0***	***100.0***	***0.1***	***2.39***
Licensing and Control	NA	NA			
Collection of Taxes	1,148.0	1,148.0			
Prevention, Treatment and Research:	***2,790.0***	***2,790.0***	***100.0***	***0.2***	***5.81***
Prevention	379.0	379.0			
Treatment	2,411.0	2,411.0			
Research	0	0			
Total		***$115,234.0***		***7.8***	***$240.06***





Total State Budget	$1,486 M
♦ Substance Abuse	$ 115 M
♦ Medicaid	$ 56 M
♦ Transportation	$ 209 M
♦ Higher Education	$ 172 M
Population	.480 M

* Numbers may not add due to rounding. Tobacco and alcohol tax revenues total $7,324,000; $15.26 per capita.

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Chapter VII
Moving from Spending to Investment

As this report shows, substance abuse has an enormous and previously unacknowledged impact on the costs of state government. Many state policies in response to the problem of substance abuse, such as incarceration and foster care, impose staggering costs and fail to attend to the root problems. Often state policies unintentionally increase the problem for future generations.

States can reduce their costs linked to abuse of alcohol, drugs and tobacco only by adopting strategies to prevent and eliminate, not just manage, the consequences of such abuse. Instead of accepting government spending to shovel up the wreckage of substance abuse as inevitable, states can make investments in cost-effective prevention and treatment to reduce the impact of such abuse.

In the private, for-profit sector, no priority tops the search for profitable investment opportunities. Corporate CEOs look systematically at various investment options and calculate their expected returns over a multi-year framework. Their goal is to secure investments with positive financial returns and, as the success of American business demonstrates, they often find such opportunities.

While better investments in the area of substance abuse are essential, the concept of investment is a difficult one for state governments. Budget offices are willing to consider proposals offered up by state agencies as investments, but they are understandably skeptical when the return on investment comes in generalized social benefits instead of budgetary savings. If, for example, public higher education is considered to be a good investment for states but the recipient of this investment--the student--moves to another state, it is difficult for budget officials to count those benefits as accruing to the states. Businesses and individuals have the same

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problem taking account of what economists call the "externalities" of their actions. Many budget analysts reject the idea of counting any benefits except those that directly affect their budgets, mimicking the model set by the private sector.

Applying the private sector model of analysis to state expenditures in substance abuse means that government investments would be considered sound if the discounted value of future savings exceeds the costs of the programs. Looking at substance abuse spending across the state budget highlights specific opportunities to target investments in the form of substance abuse prevention and treatment programs and use state powers of regulation and taxation to achieve better results.

Treatment for Drug Addiction is Cost Effective

A sticking point for many policymakers is the perception that treatment does not work. Decades of research have established, however, that a variety of alcohol and drug abuse treatment methods are successful. These treatments include both behavioral therapy and medication. For treatment to be most effective, it must be readily available, tailored to the individual needs of patients, and part of a comprehensive program that addresses associated medical, psychological, education, training and other needs.[2] Individuals must remain in treatment for an adequate length of time to accept that they are addicts and learn how to manage their addiction, including how to manage relapse.[3]

Many policymakers hold to the notion that substance abusers lack conviction and moral grounding; that their problem is fundamentally a lack of will rather than a need for treatment and that punishment is the appropriate response. These policymakers frequently take the position that policy should be tough and that treatment equates with being soft--on crime, on child abuse, on drunk drivers, on juvenile delinquents. While substance abuse is a health condition--a chronic, relapsing one--it has some particularly onerous social consequences. It brings people into contact with the criminal justice, child welfare and welfare systems, for example, like no other chronic, relapsing condition. For these consequences, individuals must be held accountable.

But a state policymaker cannot lose sight of the fact that the condition must be treated or it will recur and visit more misery and costs to the people of the state. Research has demonstrated that substance abuse causes significant changes in the function of the brain which can last long after a person stops using.[4] The chemical changes in the brain cause many behavioral responses in individuals, including the "compulsion to use drugs despite adverse consequences--the defining characteristic of addiction."[5] Only if we treat this condition do we have any hope of stemming the burdensome social consequences. The concepts of accountability and treatment are not antithetic; they are companions. The substance abuser or addict must choose--exercise his free will--to shake the habit, but treatment is usually an essential tool to help that individual help himself.

> *...if you want to save taxpayer dollars, and you want to reduce violence in your communities, if you want to accomplish all of these larger social goals, you have to draw them into effective drug treatment.*[1]
>
> --General Barry R. McCaffrey

When treatment is provided in accordance with known principles of effectiveness, it is a profitable investment in terms of both social benefits and cost effectiveness or cost savings. Just examining the largest area of state spending on the consequences of substance abuse--criminal justice--research demonstrates the return on investments in treatment. According to the Bureau of Justice Statistics, the cost of effective treatment ranges from $1,800 to $6,800 per year while the national average cost of incarceration is $20,805 a year.[6]

CASA's own research on substance abuse and crime, *Behind Bars: Substance Abuse and America's Prison Population*, showed that it would cost approximately $6,500 per person on top of incarceration costs to provide one year of a comprehensive treatment and training program in prison plus aftercare.[8] The successful treatment of one prisoner would realize benefits of approximately $68,800 during the first year after release, greater than 10 times the initial cost of treatment.[9]

If we successfully treat and train only 10 percent of the estimated 1.2 million substance-involved inmates--120,000--the economic benefit in the first year of work after release would be $8.26 billion. That's $456 million more than the $7.8 billion cost of providing treatment and training (at a cost of $6,500 each) for all of the 1.2 million inmates with drug and alcohol problems. Thereafter, the nation would receive an economic benefit of more than $8 billion for each year these 120,000 former inmates remain sober and employed.[10]

Since an average addict commits at least 100 crime a year, for each 10,000 substance-abusing ex-inmates that are successfully treated, we can expect a reduction of 1,000,000 property and violent crimes each year.

Treatment Saves Tax Dollars

California's evaluation of its treatment outcomes for prisoners, entitled the CALDATA study, finds that former inmates who received treatment were less likely to return to prison. The cost to taxpaying citizens of treating approximately 150,000 participants in the study sample was $209 million, while benefits from treatment were worth about $1.5 billion in taxpayer savings. This equates to approximately a $7.00 return for every one dollar invested in treatment.[11]

The most recently performed national surveys also have confirmed the effectiveness of substance abuse treatment and that their returns accrue to other areas of state spending beyond the justice system. The largest national survey of treatment outcomes to date is the National Treatment Improvement Evaluation Study (NTIES). The study, sponsored by the Center for Substance Abuse Treatment (CSAT), followed the progress of 4,411 individuals who participated in federally funded treatment programs over a five year period. NTIES found that clients' use of their primary drug or the drug they were entered into treatment for, declined from 73 to 38 percent one year after treatment. Treatment recipients demonstrated a 64 percent reduction in arrests for any crime, increased their rate of employment from 51 to 60 percent, and reduced their level of homelessness from 19 to 11 percent. NTIES research also determined that treatment is cost effective as opposed to other policy alternatives, such as incarceration.[12]

> *Everybody has moral responsibility and moral accountability for everything they do. However, we need to understand that if we want to deal with the addict, punishment doesn't cure the disease. Our problem as a society is we need to get these people to be productive members of society. We can worry about their moral failure and focus on punishing that. But if that doesn't get them to stop using drugs, it's not very productive. Science teaches us to focus on what works and what we can change. What we can change is the brain state. We can provide treatment that will help pelople survive their addiction and return to full, productive life in society.*[7]
>
> --Alan I. Leshner, Ph.D.
> Director, National Institute on Drug Abuse

A second national survey on treatment is The Services Research Outcome Study (SROS), conducted by the federal Substance Abuse and Mental Health Services Administration (SAMHSA). This survey compares the status of 1,799 clients in the five years before they enter treatment to the five years after they complete treatment. The results indicate a 21 percent overall drop in illicit drug use and a sharp decrease in crime--between 23 and 38 percent--a full five years after initial treatment.[13] In fact, the SROS study asserts, that "the reduction in crime alone produces benefits to society that outweigh the investment in treatment."

A RAND Corporation study of the relative cost-effectiveness of treatment, domestic enforcement, interdiction, and source country control found that for heavy users of cocaine, each dollar spent on treatment interventions would result in a savings of $7.46 while the supply-control programs resulted in a savings of only between $0.15 to $0.52.[14] These savings were only measured in lost productivity and costs of crime which underestimate the true impact of treatment since costs would be avoided in many other areas, such as health or welfare.

Oregon estimates its return on every dollar spent on treatment services to be $5.62 savings in state costs, primarily in the areas of corrections, health and welfare spending. A smaller study of publicly supported outpatient addiction treatment in the city of Philadelphia found that the benefits of treatment clearly outweighed the costs. The average cost per treatment episode for outpatient programs from 1992 to 1997 was $1,275, while the benefits from avoiding costs such as increased crime, unemployment, etc., were estimated at $8,408.[15] Numerous other research reports and studies are available and could be replicated easily by willing state governments. Substance abuse treatment is both cost effective and socially beneficial to society.

Beyond the import of savings to taxpayers is the fact that with treatment addicts can become productive, self-reliant, taxpaying citizens, responsible parents and contributing members of communities.

> *The days of high substance abuse rates in Florida are numbered. The increased funding for treatment and law enforcement efforts in this budget will go a long way toward meeting our goal of cutting drug use in half by 2004.*[16]
>
> --Governor Jeb Bush
> Florida

Focusing on the Future

For states to move to more cost effective investments in substance abuse, policymakers must confront three major obstacles: the tendency to budget by program rather than considering the cost impact of a problem across programs; the annual or biennial budgeting process; and the short-term vision imposed by elected terms of office.

Most state budgets are organized by function or silos--transportation, corrections, human services, etc. Costs are broken down within these categories and usually comport with the organizational structure of state government. Very rarely do states examine costs across budget categories and when this is done it is usually a separate activity than the annual or biennial budget process. For example, several states have compiled children's budgets. This silo budgeting process is not designed to reveal the costs of a particular social problem to the state; it only shows annual outlays of specific programs bearing the functional label. This method of budgeting makes it difficult to count returns on an investment in treatment for a parent who neglects or abuses his or her child, for example, that might accrue to the Medicaid budget or state aid for education or to the mental health budget.

A second obstacle to more cost-effective investments is that state government is dominated by battles over spending in the annual or biennial budget. As state decision makers focus their attention on the next year or two, they find it difficult to develop initiatives that have up-front costs but longer term savings. The difficulty arises because the standard methodology used in budget analysis does not allow the explicit use of savings beyond the budget period as a financial offset for the up-front costs of those programs. In this sense, then, standard budgeting methodology is very different from the model of investment analysis used in the private sector.

This problem is exacerbated by the tendency of elected officials to want short term results and to be substantially less concerned with benefits that may accrue to the state beyond their tenure in office.

State officials often acknowledge the superiority of private sector business techniques and promise to put them into effect in government. Private corporations' top priority is to fund investment opportunities that can demonstrate a positive net present value. Sound public stewardship requires that state governments follow this lead and aggressively seek out opportunities to invest in initiatives that will produce greater economic and social value to the state and provide a high return on investment. There is perhaps no greater opportunity for such investment than in the area of substance abuse prevention and treatment.

Next Steps

To design and implement successful strategies to prevent and treat this enormous public problem and reduce the costs of substance abuse to states, CASA recommends a revolution in the way governors and state legislators think about and confront substance abuse and addiction:

- **Make targeted investments in prevention and treatment.** The most significant opportunity to reduce the burden of substance abuse on public programs is through targeted and effective prevention programs. If we can keep children from smoking cigarettes, using illicit drugs and abusing alcohol until they are 21, they are virtually certain never to do so. Treatment is also a cost effective intervention as it both reduces the costs to state programs in the short term and prevents future costs. States should target interventions on selected populations that hold promise for high return:

  - Prisoners whose substance abuse problems make them more likely to return to the criminal justice systems after parole or release.
  - Clients in the mental health system whose substance abuse problems increase the probability that they will cycle back into mental hospitals or emergency rooms.
  - Parents of children in the foster care system whose abuse of alcohol or drugs interferes with their ability to care for their children at home.
  - Individuals in the welfare system whose substance abuse interferes with their ability to be self-supportive.
  - Youth in the juvenile justice system who are substance-involved.
  - Children of substance-abusing individuals in the criminal justice system who have an increased likelihood of both abusing substances and committing crimes.
  - Children of substance-abusing parents who have a higher likelihood of both abusing substances and neglecting and abusing their own children.
  - Children of substance-abusing welfare recipients who have a greater likelihood of both abusing substances and being on welfare.
  - Substance-abusing pregnant women and their partners.
  - Alcohol- and drug-involved drivers.

  Carefully targeted and designed prevention and treatment interventions are likely to be sound investments, because they yield returns directly to a state budget in the form, for example, of avoided costs in the prison, mental health, child welfare and public assistance systems. To the extent that substance abusing individuals recover through treatment or individuals at high risk avoid the problem altogether, a net economic benefit also will accrue to states in the form of taxes paid on earnings and on

the result of the stimulating effect of their contribution to the economy.

- **Expand use of state powers of legislation, regulation and taxation to reduce the impact of substance abuse.** The purchase states have on substance abuse and addiction is not limited to investments in prevention and treatment. States have a broad range of legislative, regulatory and taxation powers that can be considered. For example, they could:

  - Eliminate mandatory sentences for drug and alcohol abusers and addicts. When prisoners are required to serve their entire sentence without the option of parole or early release, the state loses the carrot of early release that can help persuade them to enter treatment and the stick of parole that can motivate them upon release to continue treatment and aftercare.[17]

  - Require treatment for substance-abusing individuals in state-funded programs: prisons, probation, parole, welfare, juvenile justice, education, mental health, child welfare. Also require treatment for substance-abusing state employees and for those convicted of alcohol- and drug-related traffic violations. Coerced treatment is as effective as voluntary treatment and threat of incarceration or loss of benefits can provide the needed incentive to move toward recovery.[18]

  - Increase taxes on alcohol and tobacco. Increases in price for alcohol and tobacco lead to decreases in the amount people, especially youth consume.[19] California has combined a $.75 tax increase per pack of cigarettes with a public health campaign to achieve a 14 percent decrease in lung cancer over the past 10 years,[20] and Maine's doubling of tobacco taxes and anti-smoking campaign have yielded a 27 percent decline in smoking among high school students.[21] As early as 1981, a study showed that a 10 percent increase in the real price of cigarettes leads to a 12 percent decrease in consumption among 12- to 17-year olds.[22] Other studies have shown that a one percent increase in the price of beer results in a one percent decrease in traffic fatalities,[23] and that doubling of the federal beer tax would reduce total robberies by 4.7 percent and murders and rapes by three percent.[24]

  - Step up regulation and enforcement of the prohibition of alcohol and tobacco sales to minors. Point of sale inspections, tougher sanctions against offending retailers, and establishing a licensing system for tobacco sale, can reduce regular cigarette use among 12- to 13-year olds by 44 to 69 percent.[25] By rigorous enforcement, Louisiana reduced the number of stores selling tobacco products to minors from 75 percent in 1996 to seven percent in 1999.[26]

  - Include questions about substance abuse on licensing examinations for teachers, social workers, health care professionals, corrections and juvenile justice staff and court personnel.

  - Dedicate revenues from tobacco and alcohol to prevention, treatment and coping with the burden of substance abuse and addiction.

- **Manage investments for better results.** States should set targets for reducing the impact of substance abuse on their budgets and install management practices to achieve them:

  - Train teachers, health care workers, social service, criminal and juvenile justice staff and court personnel to implement comprehensive screening for substance abuse in programs that bear a significant burden in coping with its

consequences. For example, CASA's research shows that even though 70 percent of child welfare cases are caused or exacerbated by alcohol and drug abuse, case workers are not properly trained to assess and screen parents for abuse.

- Assure that individuals who screen positive are given full assessments and receive timely and appropriate treatment, including relapse management.

- Establish systems to measure the cost-effectiveness of prevention and treatment programs, including regulatory and treatment policies aimed at curbing use, in order to concentrate resources on interventions that will provide the highest return on investment for the state and the greatest benefits for individuals.

- Require agencies to report on the short and long term results of substance abuse-related investment strategies in the budget process. The state budget process is the only context in state government where the impact of a problem can be viewed across budget categories. If investments are to succeed, budget officers and policymakers will track the returns across budget categories and examine projected versus actual returns on investments in current budget and out years.

- Place responsibility for managing state substance abuse-related investments in a designated state agency.

- Invest in research and evaluation of cost-effective substance abuse prevention and treatment policies and programs.

This report provides the basis for states to plan and execute more cost-effective investments designed to reduce the impact of substance abuse on their budgets. CASA welcomes refinement and updating of these data by states and the development of state systems to assure and monitor progress in preventing and treating America's most pressing health and social problem.

Chapter VII

Notes

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[10] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998), p. 165
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[16] Florida Office of Drug Control. (January 11, 2000)
[17] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998), p. 211
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[22] Lewit, E. M., Coate, D., & Grossman, M. (1981)
[23] Ruhm, C. J. (1996)
[24] Grossman, M., et al. (1993).
[25] Abel, E. L. (1998); Grossman, M., Chaloupka, F.J., & Sirtalan, I. (1998)
[26] Ritea, S. (November 10, 1999)

Appendix A
State Survey

SURVEY CHECKLIST

1.	**SUBSTANCE ABUSE PREVENTION & TREATMENT PROGRAMS** (Human/Social Services Agency)	❑
2.	**INCOME SUPPORT PROGRAMS**	❑
3.	**CHILD WELFARE PROGRAMS**	❑
4.	**OTHER SOCIAL SERVICE PROGRAMS**	❑
5.	**DEVELOPMENTALLY DISABLED AND MENTAL HEALTH**	❑
6.	**SUBSTANCE ABUSE PREVENTION, TREATMENT & RESEARCH PROGRAMS** (Health Agency)	❑
7.	**HEALTH SERVICES FOR SPECIAL POPULATIONS**	❑
8.	**HEALTH INSURANCE PROGRAMS**	❑
9.	**EDUCATION**	❑
10.	**JUVENILE CORRECTIONS PROGRAMS**	❑
11.	**ADULT CORRECTIONS PROGRAMS**	❑
12.	**PUBLIC SAFETY**	❑
13.	**JUDICIARY**	❑
14.	**REGULATORY/COMPLIANCE**	❑
15.	**CAPITAL SPENDING**	❑
16.	**STATE WORKFORCE**	❑
17.	**STATE STUDIES ON SUBSTANCE ABUSE**	❑

State Name: _____
Survey Coordinator: _____
Telephone Number: _____

SURVEY OVERVIEW

THE NATIONAL CENTER ON ADDICTION AND SUBSTANCE ABUSE AT COLUMBIA UNIVERSITY

SUBSTANCE ABUSE AND STATE BUDGETS PROJECT

The National Center on Addiction and Substance Abuse at Columbia University is conducting a survey to determine the cost of substance abuse to state governments. We greatly appreciate your cooperation in filling out this survey. To ease completion of the survey, we have broken it into ten broad budget areas: human/social services, mental health and developmental disabilities, health, education, corrections, public safety, judiciary, regulatory/compliance, capital spending and state workforce. Within these main areas are several program groupings which are listed below. The asterisks (*) next to the headings correspond to the 16 program packets that were provided to your survey coordinator. Please note that several of the program groupings appear in more than one place. This is because the relevant programs reside in different agencies in different states.

If you have any questions and/or problems with completing the survey, please contact Kathy Snyder, Center for the Study of the States, at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org. Thank you.

I. HUMAN/SOCIAL SERVICES

A. SUBSTANCE ABUSE PREVENTION & TREATMENT PROGRAMS (within the Human/Social Services agency) *
1. Substance Abuse Prevention Programs
2. Substance Abuse Treatment Programs

B. INCOME SUPPORT PROGRAMS *
1. Temporary Assistance to Needy Families (TANF)
2. General Assistance
3. State Supplements to Supplemental Security Income Program (SSI)

C. CHILD WELFARE PROGRAMS *
1. Adoption Assistance, Foster Care, and Independent Living Programs
2. Child Welfare, Family Preservation and Support, and Indian Child Welfare
3. Other Child Welfare Programs
4. Child Abuse and Neglect Intake and Assessment

D. OTHER SOCIAL SERVICE PROGRAMS *
1. Developmentally Disabled Programs (within the Human/Social Services agency)
2. Mental Health Programs (within the Human/Social Services agency)

II. DEVELOPMENTALLY DISABLED AND MENTAL HEALTH *

1. Developmentally Disabled Programs (within the Developmental Disabilities and Mental Health agencies)
2. Mental Health Programs (within the Developmental Disabilities and Mental Health agencies)

III. HEALTH

A. SUBSTANCE ABUSE PREVENTION, TREATMENT, & RESEARCH PROGRAMS (within the health agency) *
1. Substance Abuse Prevention Programs
2. Substance Abuse Treatment Programs
3. Substance Abuse Research

B. HEALTH SERVICES FOR SPECIAL POPULATIONS *
1. Developmentally Disabled Programs (within the health agency)
2. Mental Health Programs (within the health agency)
3. Other Programs for People with Special Health Needs

C. HEALTH INSURANCE PROGRAMS *
1. Medicaid
2. General Assistance Medical Care
3. Other Health Insurance Programs

IV. EDUCATION *

1. Substance Abuse Prevention Programs (within the education agency)
2. Substance Abuse Treatment Programs (within the education agency)
3. Categorical Spending for Programs for At-Risk Children
4. Total K-12 Spending

V. CORRECTIONS

A. JUVENILE PROGRAMS *
1. Juvenile Detention/Correction Centers Programs

B. ADULT PROGRAMS *
1. Total Prison Costs
2. Parole/Early Release and Other Similar Programs
3. Probation and Other Alternatives to Incarceration
4. Categorical Aid to Localities

VI. PUBLIC SAFETY *

1. Special Drug Enforcement Programs
2. Highway Safety and Accident Prevention Programs
3. State Highway Patrol
4. Local Law Enforcement Programs

VII. JUDICIARY *

1. Drug Courts and Other Special Programs for Violations of Drug Laws
2. Criminal Courts
3. Family Courts
4. State Aid to Localities for Criminal Courts and Family Courts

VIII. REGULATORY/COMPLIANCE *

1. Alcohol and Tobacco Licensing and Control Boards
2. Collection of Alcohol and Tobacco Taxes

IX. CAPITAL SPENDING *

X. STATE WORKFORCE *

SUBSTANCE ABUSE PREVENTION & TREATMENT PROGRAMS

within

HUMAN/SOCIAL SERVICES

HUMAN/SOCIAL SERVICES
Instructions for Substance Abuse Prevention and Treatment Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of particpation or other state-backed bonds.
3. Include all program costs including the cost of caseworkers or service providers, the cost of program administrators and/or policy analysts who spend the majority of their time on this program and the cost of contracted out services. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
5. To avoid double counting, list only the spending for the programs that fall within the human/social services budget (see attached survey overview). Other department spending will be requested from other departments (e.g. health).
6. Do not include publicly funded health insurance programs. (In particular, do not include Medicaid spending).
7. Include categorical funding to localities in these areas.
8. Break out your spending into the following categories, if possible: drugs, alcohol and tobacco.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HUMAN/SOCIAL SERVICES
Substance Abuse Prevention and Treatment Program Descriptions

Substance Abuse Prevention Programs

Description: Any program with the goal of reducing alcohol, drug and tobacco abuse. This includes state-wide media campaigns, local prevention networks, interagency coordination of prevention programs and any prevention education activity.

Substance Abuse Treatment Programs

Description: Any program that provides treatment for alcohol, drug and tobacco abuse. This includes treatment facilities and out-patient care programs. This would include direct state spending as well as funds provided to local governments for treatment. Multi-agency task forces are also included.

HUMAN/SOCIAL SERVICES
State Spending on Substance Abuse Prevention and Treatment Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)		COMMENTS
1. Substance Abuse Prevention Programs	**Total All Substances:**		
	Total Alcohol:		
	Total Illicit Drug:		
	Total Tobacco:		
Specific Program Names:			
a.			
b.			
c.			
d.			
e.			
2. Substance Abuse Treatment Programs	**Total All Substances:**		
	Total Alcohol:		
	Total Illicit Drug:		
	Total Tobacco:		
Specific Program Names:			
a.			
b.			
c.			
d.			
e.			

INCOME SUPPORT PROGRAMS

within

HUMAN/SOCIAL SERVICES

HUMAN/SOCIAL SERVICES
Instructions for Income Support Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all program costs including grants to individuals or families, the cost of caseworkers or service providers, as well as the cost of program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
3. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related. However, if you have specific substance abuse programs within these larger program areas, please list that spending separately.
4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
5. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HUMAN/SOCIAL SERVICES
Descriptions for Income Support Programs

Temporary Assistance to Needy Families (TANF)

Description: This program was established to take the place of Aid to Families with Dependent Children (AFDC), Emergency Assistance to Needy Families and Job Opportunities and Basic Skills Training (JOBS). TANF provides block grants to states for economic assistance to people transitioning to work. Include spending on TANF-related employment programs.

Special Instructions: Please briefly describe the eligible population for TANF and any special programs within TANF such as Emergency Assistance.

General Assistance

Description: Any program that provides income assistance to families or individuals who do not qualify for benefits from other income support programs.

Special Instructions: If eligibility is determined state-wide, please briefly describe the eligible population and specify if substance abusers are explicitly excluded from the program. If you can not provide General Assistance eligibility because it is a local decision, please indicate this in the comments.

State Supplements to Supplemental Security Income Program (SSI)

Description: Any program that provides basic income maintenance for the aged, blind, and disabled. This also includes programs that are designed to provide income maintenance for those individuals who have AIDS or are HIV positive.

HUMAN/SOCIAL SERVICES
State Spending on Income Support Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS/ELIGIBILITY
1. Temporary Assistance to Needy Families (TANF): *Please briefly describe the eligible population for TANF and any special programs within TANF such as Emergency Assistance.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. General Assistance: *If eligibility is determined state-wide, please briefly describe the eligible population and specify if substance abusers are explicitly excluded from the program. If you can not provide General Assistance eligibility because it is a local decision, please indicate this in the comments.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. State Supplements to Supplemental Security Income Program (SSI)		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

CHILD WELFARE PROGRAMS

within

HUMAN/SOCIAL SERVICES

HUMAN/SOCIAL SERVICES
Instructions for Child Welfare Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all program costs including grants to individuals or families, the cost of caseworkers or service providers, as well as the cost of program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
3. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related. However, if you have specific substance abuse programs within these larger program areas, please list that spending separately.
4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
5. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HUMAN/SOCIAL SERVICES
Descriptions for Child Welfare Programs

Adoption Assistance, Foster Care, and Independent Living Programs

Description: Any program in the areas of adoption assistance, foster care, and independent living. This includes programs that receive funds under Title IV-E of the Social Security Act, but also those that are state-only programs. Adoption and foster care placement services and any training and skills-building programs related to these areas are included.

Child Welfare, Family Preservation and Support, and Indian Child Welfare

Description: Any program that is intended to prevent out-of-home placements, promote reunification of families, or provide a safe environment for children. This includes programs that receive funds under Title IV-B of the Social Security Act, but also those that are state-only programs. All programs that fall under the area of child welfare, family preservation and Indian child welfare are included.

Other Child Welfare Programs

Description: Any non-IV-B and non-IV-E program that focuses on the areas of child abuse and neglect prevention, family/parent support, runaway/homeless intervention, medical neglect of children, crisis nurseries or any similar program. Prevention and treatment programs dealing with the issue of domestic violence and home visiting programs are included. This also includes programs that provide education, training and resources to local and non-profit prevention and intervention organizations in these areas. Programs that assist individuals and families with finding emergency services are also included.

Child Abuse and Neglect Intake and Assessment

Description: Any program that focuses on investigating and assessing child abuse and neglect complaints or reports.

HUMAN/SOCIAL SERVICES
State Spending on Child Welfare Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Adoption Assistance, Foster Care, and Independent Living Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Child Welfare, Family Preservation, and Indian Child Welfare		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. Other Child Welfare Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
4. Child Abuse and Neglect Intake and Assessment		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

OTHER SOCIAL SERVICE PROGRAMS

within

HUMAN/SOCIAL SERVICES

HUMAN/SOCIAL SERVICES
Instructions for Other Social Services Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes captial projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds.
3. Include all program costs including grants, the cost of caseworkers or service providers, as well as the cost of program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. To avoid double counting, list only the spending for the programs that fall within the human/social services budget (see attached survey overview). Other department spending will be requested from other departments (e.g. health).
5. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
6. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
7. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HUMAN/SOCIAL SERVICES
Descriptions for Other Social Services Programs

Developmentally Disabled Programs

Description: Any program that provides services to individuals with developmental disabilities and their families. This includes institutional facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations.

Mental Health Programs

Description: Any program that provides prevention and/or intervention services to the mentally ill and their families. This includes treatment facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations. Any substance abuse prevention and treatment programs and facilities in the area of mental health are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.

HUMAN/SOCIAL SERVICES
State Spending on Other Social Services Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Developmentally Disabled Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Mental Health Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

DEVELOPMENTALLY DISABLED AND MENTAL HEALTH PROGRAMS

DEVELOPMENTALLY DISABLED AND MENTAL HEALTH
Instructions for Developmentally Disabled and Mental Health Services

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of particpation or other state-backed bonds.
3. Include all program costs including grants, the cost of caseworkers or service providers, as well as the cost of program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. To avoid double counting, list only the spending for the programs that fall within the developmental disabilities and/or mental health budget (see attached survey overview). Other department spending will be requested from other departments (e.g. health).
5. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
6. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
7. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

DEVELOPMENTALLY DISABLED AND MENTAL HEALTH
Descriptions for Developmentally Disabled and Mental Health Services

Developmentally Disabled Programs

Description: Any program that provides services to individuals with developmental disabilities and their families. This includes institutional facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations.

Mental Health Programs

Description: Any program that provides prevention and/or intervention services to the mentally ill and their families. This includes treatment facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations. Any substance abuse prevention and treatment programs and facilities in the area of mental health are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.

DEVELOPMENTALLY DISABLED AND MENTAL HEALTH
State Spending on Developmentally Disabled and Mental Health Services

Agency Name: _____

PROGRAM NAME	**AMOUNT BUDGETED FY 1998** Total State Funds (000s of $) (General Fund and Non-General Fund)	**COMMENTS**
1. Developmentally Disabled Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Mental Health Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

SUBSTANCE ABUSE PREVENTION, TREATMENT AND RESEARCH PROGRAMS

within

HEALTH

HEALTH
Instructions for Substance Abuse Prevention, Treatment and Research Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds.
3. Include all program costs including grants, the cost of caseworkers or service providers, the cost of program administrators and/or policy analysts who spend the majority of their time on this program and the cost of contracted out services. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
5. To avoid double counting, list only the spending for the programs that fall within the health budget (see attached survey overview). Other department spending will be requested from other departments (e.g. social services).
6. Do not include publicly funded health insurance programs. (In particular, do not include Medicaid spending).
7. Include categorical funding to localities in these areas.
8. Break out your spending into the following categories, if possible: drugs, alcohol and tobacco.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HEALTH
Descriptions for Substance Abuse Prevention, Treatment and Research Programs

Substance Abuse Prevention Programs

Description: Any program that provides drug, alcohol and tobacco prevention services. This includes programs involved in information dissemination (including media campaigns), education, and community-based planning. Programs that provide education, training and resources to local and non-profit organizations are also included. Multi-agency task forces are also included.

Substance Abuse Treatment Programs

Description: Any program that provides intervention services to individuals with chemical, tobacco and/or alcohol dependency and their families. This includes any program for pregnant women, fetal alcohol syndrome babies or similar programs. This includes treatment facilities, out-patient care, and programs that provide education, training and resources to local and non-profit organizations. Multi-agency task forces are also included.

Substance Abuse Research

Description: Any program to conduct or support medical, behavioral, policy, or other research related to substance abuse.

HEALTH
State Spending on Substance Abuse Prevention, Treatment and Research Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)		COMMENTS
1. Substance Abuse Prevention Programs	**Total All Substances:**		
	Total Alcohol:		
	Total Illicit Drug:		
	Total Tobacco:		
Specific Program Names:			
a.			
b.			
c.			
d.			
e.			
2. Substance AbuseTreatment Programs	**Total All Substances:**		
	Total Alcohol:		
	Total Illicit Drug:		
	Total Tobacco:		
Specific Program Names:			
a.			
b.			
c.			
d.			
e.			
3. Substance Abuse Research	**Total All Substances:**		
	Total Alcohol:		
	Total Illicit Drug:		
	Total Tobacco:		
Specific Program Names:			
a.			
b.			
c.			
d.			
e.			

HEALTH SERVICES FOR SPECIAL POPULATIONS

within

HEALTH

HEALTH
Instructions for Health Services for Special Populations

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds.
3. Include all program costs including grants, the cost of caseworkers or service providers, as well as the cost of program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. To avoid double counting, list only the spending for the programs that fall within the health budget (see attached survey overview). Other department spending will be requested from other departments (e.g. social services).
5. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
6. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
7. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HEALTH
Descriptions for Health Services for Special Populations

Developmentally Disabled Programs

Description: Any program that provides services to individuals with developmental disabilities and their families. This includes institutional facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations.

Mental Health Programs

Description: Any program that provides prevention and/or intervention services to the mentally ill and their families. This includes treatment facilities, out-patient care and programs that provide education, training and resources to local and non-profit organizations. Any substance abuse prevention and treatment programs and facilities in the area of mental health are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.

Other Programs for People with Special Health Needs

Description: Any program that provides health services for people with substance abuse related conditions that are not covered by private insurance or Medicaid. For example, this would include services for children with special health needs as well as prevention and treatment programs for HIV or AIDS, sexually transmitted diseases and tuberculosis.

HEALTH
State Spending on Health Services for Special Populations

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Developmentally Disabled Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Mental Health Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for mental health programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. Other Programs for People with Special Health Needs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

HEALTH INSURANCE PROGRAMS

within

HEALTH

HEALTH
Instructions for Health Insurance Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal years ending in 1996 (FY 1996) and in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet. CASA will use the 1995-96 data you provide in conjunction with detailed data from HCFA for 1996 (the latest available) to develop estimates of substance abuse attributable fractions for Medicaid expenditures. CASA then will apply the 1996 fractions to your 1997-98 data. We will not need data for 1996-97. If you are interested, CASA would be pleased to provide information on this methodology to you once it is finalized and fully documented.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Please provide the state share of Medicaid spending (exclude federal share and local, if any) by the following categories:

Hospital
Physician
Institutional Long Term Care
Home Care
Managed Care
All Other

If you can allocate managed care to the first four categories, please do so instead of providing it as a separate category.
3. To avoid double counting, list only the spending for the programs that fall within the health budget (see attached survey overview). Other department spending will be requested from other departments (e.g. social services).
4. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related. 5. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

HEALTH
Descriptions for Health Insurance Programs

Medicaid (Social Security Act, Title IV-E)

Description: Any program that receives funds under Title XIX of the Social Security Act and provides medical services to low-income persons who are aged, blind, disabled, members of families with dependent children, or certain other pregnant women and children.

General Assistance Medical Care

Description: Any health care program for people qualified under the state's general assistance program.

Special Instructions: Please briefly describe the eligible population.

Other Health Insurance Programs

Description: Any program that provides health insurance to individuals and/or their families not covered by public or private insurance.

Special Instructions: Please briefly describe the eligible population (e.g. children under 18).

HEALTH
State Spending on Health Insurance Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED Total State Funds (000s of $) (General Fund and Non-General Fund) Provider Type	FY 1995-1996	FY 1997-1998	COMMENTS/ELIGIBILITY
1. Medicaid	**Hospital**			
	Physician			
	Institutional Long Term Care			
	Home Care			
	Managed Care			
	All Other			
	Total			
Specific Program Names:				
a.				
b.				
c.				
d.				
e.				
2. General Assistance Medical Care: *Please briefly describe the eligible population.*	**Hospital**			
	Physician			
	Institutional Long Term Care			
	Home Care			
	Managed Care			
	All Other			
	Total			
Specific Program Names:				
a.				
b.				
c.				
d.				
e.				

HEALTH
State Spending on Health Insurance Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED Total State Funds (000s of $) (General Fund and Non-General Fund) Provider Type	FY 1995-1996	FY 1997-1998	COMMENTS/ELIGIBILITY
3. Other Health Insurance Programs: *Please briefly describe the eligible population (e.g. children under 18).*	**Hospital**			
	Physician			
	Institutional Long Term Care			
	Home Care			
	Managed Care			
	All Other			
	Total			
Specific Program Names:				
a.				
b.				
c.				
d.				
e.				

EDUCATION PROGRAMS

EDUCATION
Instructions for Education Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all state program costs including the cost of teachers and staff at the schools, the cost of program administrators and/or policy analysts, as well as the cost of supplies. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
3. To avoid double counting, list only the spending for the programs that fall within the education budget (see attached survey overview). Other department spending will be requested from other departments (e.g. social services).
4. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

EDUCATION
Descriptions for Education Programs

Total State Aid for K-12 Education

Description: Total state spending on K-12 education including all categorical spending. This includes all aid to localities for education. Any categorical spending for programs for at-risk children and other substance abuse-related spending are also included.

Special Instructions: Please identify any categorical spending for programs for at-risk children and any other substance abuse-related spending separately. Note that this number should also be included within the total state aid for K-12 education. Please also provide us your state's definition of "at-risk children" if possible.

EDUCATION
State Spending on Education Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Total State Aid for K-12 Education: *Please identify separately below:* *a) any categorical spending for programs for at-risk children; and* *b) any substance abuse-related spending separately.* *These amounts should also be included within the total state aid for K-12 education. Please also provide us your state's definition of "at-risk children" if possible.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

JUVENILE PROGRAMS

within

CORRECTIONS

CORRECTIONS
Instructions for Juvenile Corrections Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, cerficates of participation or other state-backed bonds.
3. Include all program costs, such as the cost of all state personnel involved in directly running a program or facility, the cost of state program administrators and/or policy analysts who spend the majority of their time on this program, the cost of supplies and the cost of other associated programs such as health care. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. Include spending on privately operated facilities.
5. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
6. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
7. Include categorical funding to localities in these areas.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

CORRECTIONS
Descriptions for Juvenile Corrections Programs

Juvenile Detention/Correction Centers Programs

Description: Any program that provides resources that are used at the state and local level to reduce juvenile delinquency. This includes both juvenile detention and correction centers and early-intervention services for families and children. This includes psychiatric, education, job-training and juvenile camp programs. Programs that provide education, training and resources to local and non-profit organizations are also included. Any substance abuse prevention and treatment programs and facilities for juvenile prisoners are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for juvenile detention/correction centers programs.

CORRECTIONS
State Spending on Juvenile Corrections Programs

Agency Name: _____

PROGRAM NAME	**AMOUNT BUDGETED FY 1998** Total State Funds (000s of $) (General Fund and Non-General Fund)	**COMMENTS**
1. Juvenile Detention/Correction Centers Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for juvenile detention/correction centers programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

ADULT PROGRAMS

within

CORRECTIONS

CORRECTIONS
Instructions for Adult Corrections Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include current year capital spending (actuals or estimated actuals, not appropriations) unless budgeted elsewhere. Capital spending includes any spending that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds.
3. Include all program costs, such as the cost of all state personnel involved in directly running a program or facility, the cost of state program administrators and/or policy analysts who spend the majority of their time on this program, the cost of supplies and the cost of other associated programs such as health care. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
4. Include spending on privately operated facilities.
5. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
6. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.
7. If it is impossible to distinguish between parole/early release and probation, submit spending as one combined number that gives the costs for all alternatives to incarceration (and label accordingly on the worksheet).

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

CORRECTIONS
Descriptions for Adult Corrections Programs

Total Prison Costs

Description: Any facility that is set up for the purpose of incarcerating individuals who have committed crimes. Included within these costs are all psychiatric, education and job-training programs and central processing facilities that provide initial examination and evaluation of prisoners. Any substance abuse prevention and treatment programs and facilities for prisoners are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total prison costs.

Parole/Early Release and Other Similar Programs

Description: Any program that manages the early release of prisoners. This includes programs that fund activities involved in the parole of prisoners and monitoring the parolees once they are released. Any substance abuse prevention and treatment programs and facilities for parolees are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for parole/early release and other similar programs.

Probation and Other Alternatives to Incarceration

Description: Any program that supervises and manages persons convicted of a crime but not incarcerated. Facilities that act as an alternative to the incarceration of individuals in prison are also included. This also includes programs that provide job training or educational and confidence building activities for these individuals. Any substance abuse prevention and treatment programs and facilities for individuals on probation are also included.

Special Instructions: Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for probation and other alternatives to incarceration.

Categorical Aid to Localities

Description: Any funding to localities for corrections activities.

CORRECTIONS
State Spending on Adult Corrections Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Total Prison Costs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total prison costs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Parole/Early Release and Other Similar Programs: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for parole/early release and other similar programs.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. Probation and Other Alternatives to Incarceration: *Please identify any special spending on substance abuse prevention and treatment programs and facilities separately, but this number should also be included within the total spending for probation and other alternatives to incarceration.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
4. Categorical Aid to Localities		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

PUBLIC SAFETY PROGRAMS

PUBLIC SAFETY
Instructions for Public Safety Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all program costs including the cost of law enforcement personnel, the cost of state program administrators and/or policy analysts who spend the majority of their time on this program and the cost for contacts for services. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
3. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related.
4. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

PUBLIC SAFETY
Descriptions for Public Safety Programs

Special Drug Enforcement Programs

Description: Any program that is intended to eliminate the interstate, intrastate, and international movement of illegal drugs. This may include drug interdiction activities or special task forces.

Highway Safety and Accident Prevention Programs

Description: Any program that is intended to promote highway safety and reduce the number of highway accidents. This would include broad public education and media campaigns, sobriety checkpoints, and DWI initiatives.

Special Instructions: If this spending is included in the State Highway Patrol spending, please indicate this in the comments.

State Highway Patrol

Description: Any personnel and other costs involved in the state patrol of highways.

Local Law Enforcement Programs

Description: Any program that provides resources to local districts for law enforcement.

PUBLIC SAFETY
State Spending on Public Safety Programs

Agency Name: _____

	AMOUNT BUDGETED FY 1998	
	Total State Funds (000s of $)	
PROGRAM NAME	(General Fund and Non-General Fund)	**COMMENTS**
1. Special Drug Enforcement Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Highway Safety and Accident Prevention Programs: *If this spending is included in State Highway Patrol spending, please indicate this in the comments.*		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. State Highway Patrol		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
4. Local Law Enforcement Programs		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

JUDICIARY PROGRAMS

JUDICIARY
Instructions for Judiciary Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all state program costs including court personnel, contracted services, supplies and the cost of state program administrators and/or policy analysts who spend the majority of their time on this program. Please include the cost of fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.
3. If it is not possible to give state spending on the court system in the following program groupings, please estimate the costs. For example, to derive a family court spending number, it may be possible to determine the share of total caseload represented by family courts and apply that percentage to total state court spending. When the spending is estimated please identify it as an estimate and indicate how the number was derived.
4. Give total program spending, not just substance abuse-related costs. The National Center on Addiction and Substance Abuse at Columbia University is developing a methodology to determine what share of these program costs are substance abuse-related. However, if you have specific substance abuse programs within these larger program areas, please list that spending separately.
5. If several small programs fall under one broad program heading, aggregate spending if it is easier to do so.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

JUDICIARY
Descriptions for Judiciary Programs

Drug Courts and Other Special Programs for Violations of Drug Laws

Description: Any state costs associated with the drug court system.

Criminal Courts

Description: Any state costs associated with the criminal court system.

Family Courts

Description: Any state costs associated with the family court system.

State Aid to Localities for Criminal Courts, Family Courts and Drug Courts

Description: Any funds given to localities for their criminal courts, family courts and drug courts.

JUDICIARY
State Spending on Judiciary Programs

State Agency: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Drug Courts and Other Special Programs for Violations of Drug Laws		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Criminal Courts		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
3. Family Courts		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
4. State Aid to Localities for Criminal Courts, Family Courts and Drug Courts		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

REGULATORY/COMPLIANCE PROGRAMS

REGULATORY/COMPLIANCE
Instructions for Regulatory/Compliance Programs

Instructions: Provide the amount of state dollars budgeted in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for the following programs on the attached worksheet.

1. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
2. Include all program costs including fringe benefits for all state personnel. A rough estimate of fringe benefit costs is all that is necessary.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

REGULATORY/COMPLIANCE
Descriptions for Regulatory/Compliance Programs

Alcohol and Tobacco Licensing and Control Boards

Description: Any board or governing body that enforces alcohol and tobacco regulations and/or issues alcohol and tobacco licenses.

Collection of Alcohol and Tobacco Taxes

Description: Total spending on state personnel who are responsible for collecting alcohol and tobacco taxes.

REGULATORY/COMPLIANCE
State Spending on Regulatory/Compliance Programs

Agency Name: _____

PROGRAM NAME	AMOUNT BUDGETED FY 1998 Total State Funds (000s of $) (General Fund and Non-General Fund)	COMMENTS
1. Alcohol and Tobacco Licensing and Control Boards		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		
2. Collection of Alcohol and Tobacco Taxes		
Specific Program Names:		
a.		
b.		
c.		
d.		
e.		

CAPITAL SPENDING

CAPITAL SPENDING
Instructions for Capital Spending

Instructions: Provide the amount of state dollars expended in the fiscal year ending in 1998 (FY 1998), in thousands of dollars, for prisons (both juvenile and adult facilities), substance abuse facilities, mental health facilities, and facilities for the developmentally disabled. Note that in all other parts of the survey we have asked for budgeted amounts.

1. Please complete this section only if capital spending is not accounted for in other program worksheets.
2. Include 1997-1998 budget costs only.
3. Include any spending (actuals or estimated actuals, not appropriations) that is paid for out of current general taxes or dedicated taxes ("Pay As You Go"), capital spending from bond proceeds (Bond Proceeds), and interest paid out for bonds already issued (Debt Service). Capital spending from bond proceeds includes capital projects funded by proceeds of GO bonds, revenue bonds, certificates of participation or other state-backed bonds.
4. Include state General Fund and state non-General Fund spending. Do not include federal or local spending.
5. Include the spending on new construction, capital improvements, and equipment.
6. If you do not have accurate information for each category, please provide a rough approximation (and identify it as an estimate).
7. It is not necessary to separate capital costs for each separate facility. For example, if it is possible to express prison capital costs in the aggregate rather than for each prison individually please do so.

If you have any questions and/or problems with completing this survey, please contact Kathy Snyder at (518) 443-5787 between 9:00 a.m. and 5:00 p.m. Eastern Time. You may also email her at css@rockinst.org.

CAPITAL SPENDING

Agency Name: _____

	AMOUNT EXPENDED FY 1998		
	Total State Funds (000s of $)		
PROGRAM NAME	(General Fund and Non-General Fund)		**COMMENTS**
1. Adult Prisons	**"Pay As You Go"**		
	Bond Proceeds		
	Debt Service		
2. Juvenile Correctional Facilities	**"Pay As You Go"**		
	Bond Proceeds		
	Debt Service		
3. Substance Abuse Facilities	**"Pay As You Go"**		
	Bond Proceeds		
	Debt Service		
4. Mental Health Facilities	**"Pay As You Go"**		
	Bond Proceeds		
	Debt Service		
5. Developmental Disabilities Facilities	**"Pay As You Go"**		
	Bond Proceeds		
	Debt Service		

STATE WORKFORCE

STATE WORKFORCE
State Spending on State Government Workforce

We are requesting information on your state's government workforce to do a calculation of state employee productivity losses due to substance abuse. Please answer the following questions for the state workforce in FY 1998. Please estimate if unavailable.

Number of Employees:	
Total Payroll:	
Gender Breakdown:	
Percent Male:	
Percent Female:	
Age Composition:	
Percent Age 18-29:	
Percent Age 30-50:	
Percent Age 51-64:	
Other:	
Total Fringe Benefits:	
Substance Abuse Share of Employee Assistance Programs:*	

* Note: If you cannot estimate the substance abuse share, please provide total spending on these programs and describe the extent to which these programs are targeted to substance abuse.

Appendix B
Methodology

The First Steps

In 1997, CASA assembled a project team including consultants with expertise and recent experience in financing, budgeting and management at a high level of state government. The consultants helped CASA develop, evaluate and refine the methodology for estimating costs, define the needed data elements and provide us with access to the states.

CASA selected an Advisory Panel of distinguished public officials, researchers and representatives of the National Governors' Association, the National Conference of State Legislatures, the National Association of State Budget Officers and the National Association of State Alcohol and Drug Abuse Directors. Panel members held considerable expertise in substantive areas relevant to the research, including technical and specialized knowledge about state policymaking and budgeting, substance abuse and addiction and cost-of-illness studies. The Panel was convened on December 15, 1997.

CASA staff consulted with researchers from other institutions including the Urban Institute, the Center for Budget and Policy Priorities, and The Malcolm Weiner Center for the Study of Social policy at Harvard to better inform the design of the study and the structure of the survey instrument.

In order to develop a methodology that would take advantage of previous research, CASA conducted an extensive review of substance abuse costs studies. This included a review of all existing studies related to the cost calculation of substance abuse and addiction, papers that laid out the theoretical foundation of the cost analysis and literature that guided the development of the cost estimation model. We also kept track of specific state initiatives in substance abuse prevention and treatment and evaluations of such programs.

Previous Research Efforts

Previous attempts to document costs of substance abuse primarily have taken the form of cost-of-illness studies estimating the overall economic costs to society of abuse of drugs, alcohol and tobacco.[1] These studies have been rich and compelling, but they have not provided comprehensive estimates of costs to government. Other approaches have estimated the costs of substance abuse to selected government programs such as healthcare,[2] federal entitlement programs,[3] prisons and jails[4] and child welfare.[5] These estimates have been of value to states, but their narrow focus has not provided policymakers with aggregate spending across budget categories.

Several states have conducted studies to estimate the costs of alcohol, tobacco, and/or illicit drug use (or some combination of these). The methodologies and cost areas vary from study to study, making comparisons between states impossible. These studies do not look only at state budgets; rather they calculate costs to society which include some federal, state and local spending and the costs of lost productivity and premature death. While not specifically targeted to costs to state budgets, these efforts indicate a dawning awareness of how big a financial problem substance abuse really is.

- Washington State estimated their costs of drug and alcohol abuse for 1996. This study uses a prevalence-based, cost-of-illness assessment that calculates both direct costs (costs for which payments are made) and indirect costs (costs for which resources are lost).[6] Washington determined that its economic costs of drug and alcohol abuse totaled $2.54 billion, which equals $531 per non-institutionalized person in the state.[7] The largest cost is premature death ($929 million), followed by crime ($541 million) and morbidity ($369 million).[8]

- Maine estimated annual costs of substance abuse to the state's economy at $1.2 billion (about $916 per person) an amount equal to two-thirds of the state's annual budget. Only $14.3 million was spent on prevention and treatment services by the Maine Office of Substance Abuse in 1997 (includes state and federal dollars).[9]

- Texas published a study in 1998 that updated a 1989 tally of economic costs of alcohol and drug abuse. The Texas Commission on Alcohol and Drug Abuse estimated that these substances cost taxpayers $19.3 billion in 1997. More than 60 percent of this total results from lost productivity ($8.1 billion) and premature death ($3.9 billion).[10] Treatment costs comprised $1.5 billion or 7.7 percent of the total cost--$1,001 per man, woman and child in the state. Costs included healthcare, crime, motor vehicle crashes, social welfare administration and costs to the victims of crime. These are the costs to society in Texas, not just the cost to the state budget.

Several reports documenting the economic costs of substance abuse to states and cities (i.e., Arizona, California, Detroit, South Carolina) have been done by Drug Strategies. In their latest report, they found that alcohol and drugs cost Washington, DC about $1.2 billion in 1995; when tobacco-related illnesses are added, the total jumps to $1.7 billion.[11] Spending in the criminal justice system drives many of these costs; nearly 70 percent of all arrestees tested positive for drugs, fewer than 10 percent received drug treatment.[12] Alcohol and tobacco excise taxes, which surpassed $24 million in 1997, are not earmarked for prevention, treatment or law enforcement efforts to reduce alcohol-related problems or efforts to curb sales of alcohol/tobacco to minors.[13]

The most comprehensive recent national cost study, done by the Lewin Group in 1998 and funded by the National Institute on Drug Abuse (NIDA) and the National Institute on Alcohol Abuse and Alcoholism (NIAAA), estimated the cost of alcohol and drug abuse to society to be $246 billion in 1992.[14] This represents $963 for every man, woman and child living in the United States in 1992.[15] Approximately 60 percent ($148 billion) was attributed to alcohol abuse while the remaining 40 percent was the result of

drug abuse ($98 billion).[16] Areas of costs include crime, lost productivity, morbidity and mortality, motor-vehicle crashes, and social welfare programs. Projected costs for 1995, adjusted for population growth and inflation, are $276 billion.[17]

The costs for the health effects of tobacco have been thoroughly investigated. Extensive work was done to find out how much states were paying for illnesses caused by tobacco use when states sued tobacco manufacturers for health care costs. Smoking attributable fractions were determined based on scientific literature that links smoking to illness, disability and death. For example, in a report for the state of Minnesota researchers calculated that the state and Blue Cross spent $21.8 billion for health care services between 1978 and 1996; of this amount, $1.42 billion was attributed to smoking.[18]

Other countries have used similar approaches to estimate the costs of alcohol, tobacco and drugs. New Zealand estimated that alcohol abuse and tobacco use cost them $39 billion a year.[19] Healthcare costs, loss of productivity, premature death and social costs comprise this figure. Canada estimated the national economic costs of alcohol, tobacco and illicit drugs to be $18.4 billion in 1992.[20] Tobacco accounted for the largest portion--$9.56 billion. Alcohol costs totaled $7.52 billion and included lost productivity, law enforcement and health care costs. Illicit drugs cost Canadians $1.4 billion.[21] An Australian study estimated that their cost of alcohol, tobacco and illicit drug use is at least $14 billion dollars with tobacco being the most costly drug and illicit drugs representing a relatively small proportion of total costs. All government outlays for dealing with substance abuse in Australia totaled $730 million dollars.[22]

Detailed data systems are necessary for cost-of illness studies. The countries cited above and the federal government have detailed databases that allow for this type of work. Even in these wealthy countries, however, data on substance abuse is lacking in certain budget sectors and at the sub-national level. The methodology employed in this report for state governments enables estimates of spending linked to substance abuse where comprehensive data sets do not exist. Consequently, it should be a useful starting point for local governments or for other countries without extensive data systems.

The Survey

CASA conducted an extensive review to choose five model states where we would gather information to develop a budget survey. Selection criteria for these five states included size, location, demographic characteristics and economic conditions. Starting from a preliminary list of 15 states, identified through extensive discussions between project team members and researchers at other institutions with knowledge of state data collection, CASA staff and the Advisory Panel decided on the final five model states.

To determine state programs to include in the study, CASA:

- Reviewed a wide range of literature on the consequences of substance abuse to government programs;
- Identified state programs designed to prevent or treat substance abuse or that deal with the consequences of substance abuse. In the latter category, we included only those programs that were large enough to be of any consequence in the overall sum of substance abuse spending.
- Consulted with state budget and program officials to understand how these programs are financed and to determine the most efficient and effective way to gather the spending data.
- Conducted site visits in the five selected states.* Between March 1998 and August

* CASA contracted with Dall W. Forsythe, Ph.D., former state budget director of New York and former director of public finance with Lehman Brothers, and Brian Roherty, former state budget director of Wisconsin and Minnesota and former Director of the National Association of State Budget Officers

1998, site visits were conducted in California, Florida, Minnesota, New Jersey and Vermont to inform our list of government programs that are affected by substance abuse and to learn what, if anything, had already been done to track state substance abuse costs.

CASA selected state budget officers as the appropriate target for data collection because they have the broadest view of and deepest expertise in the budget and because CASA was particularly interested in informing budget officers about the extent to which substance abuse affects the budget. We designed a questionnaire consistent with the way most budget offices are organized, dividing it into broad functional sections. To facilitate completion, we grouped the programs for which we needed data into nine clusters: human/social services, developmental disabilities/mental health, health, education, corrections, public safety, state workforce, regulation/compliance and capital spending. The instrument was designed in this fashion to make it easier for the budget office to parcel out the survey questions among a variety of specialists in the budget office, requesting a manageable amount of data from each individual.

To capture as much of the spending associated with a particular program as possible, CASA designed a survey instrument* requesting data on:

- State Fiscal Year 1998, state own source general revenues including General Fund and nonGeneral Fund spending, but not federal or local funds;†
- Reported expenditures (not appropriations) from the executive budget presented in the winter or spring of 1998, since some states do not publish adopted budget data. Differences between the proposed and adopted budgets were not expected to be large enough to skew the findings;
- All costs (program administration, fringe benefits, service providers and capital).

To refine the program categories, clarify our instructions, and get a sense of the kinds of questions state budget officers would have, CASA pre-tested the questionnaire in three states: California, Florida and New York.

CASA administered the survey in September of 1998 to all 50 states, Puerto Rico and the District of Columbia (Appendix A). Forty-five states, Puerto Rico and the District of Columbia completed the survey.‡ The participating jurisdictions constitute approximately 90 percent of total state budget spending for the nation, including DC and Puerto Rico.

Linking Expenditures to Substance Abuse

The data, by design, contain a mix of costs attributable to substance abuse and costs associated with substance abuse. Costs attributed directly to substance abuse and

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(NASBO), to help choose states and set up interviews. The study team consisting of staff and consultants conducted over 40 interviews with state officials and their staff. The interviews were designed to identify ways to develop a cost base that was both complete and consistent with the way in which programs are organized and administered in different states.

* The survey instrument was developed for and with CASA by the Fiscal Studies Program (FSP), a research unit within the Rockefeller Institute of Government (Albany, NY) under the direction of Donald Boyd. FSP was responsible for collecting the budget data, verifying the information and conducting specific analyses.

† General funds: predominant funds for financing a state's operations. Revenues are received from broad-based state taxes. There are differences in how specific functions are financed from state to state, however. Non-general funds: other state funds, expenditures from revenue sources which are restricted by law for particular governmental functions or activities. For example, a tax dedicated to a particular trust fund; and bonds, expenditures from the sale of bonds, generally for capital projects.

‡ Indiana, Maine, New Hampshire, North Carolina and Texas did not participate in the survey.

addiction fall into four main categories: spending on prevention, treatment and research; spending on the burden of substance abuse and addiction to health care spending based on the probable causal link between substance abuse and addiction and a particular disease state; spending on state worker absenteeism linked to substance abuse; and expenditures for alcohol and tobacco regulation. For these categories it is either self-evident that costs are attributable (prevention, treatment, research, regulation and compliance) or a causal link can be established (health care and state workforce).

For other areas of spending we were less concerned with whether substance abuse caused the spending than with whether treatment or intervention will reduce the cost of the burden associated with the problem. This is a very important policy distinction. The cost-of-illness model has focused on increasing the precision of linking costs to causality. The operational question for a policymaker, however, is not how many welfare recipients are receiving assistance only because of their substance abuse, but rather how many welfare recipients will be impeded in their efforts to leave the welfare rolls and return to work because they abuse alcohol or drugs. Similarly, it is less important for our purposes to establish the percentage of state inmates who committed crimes as a direct result only of substance abuse than to determine the group of prisoners for whom substance abuse treatment is a necessary condition to keep them from returning to prison.

In fact, in all areas where substance abuse places a burden on state programs, even health care and state employee costs, substance abuse and addiction can both cause and exacerbate the conditions that lead to the draw on public funds. Our estimates establish the pool of substance-involved individuals--the target for policy intervention. Subsequent work should focus on targeting different interventions to address the different needs of individuals within this pool. Because substance abuse more often than not appears as one of a cluster of behaviors leading to increased costs to states, solving the addiction problem will be a necessary step to eliminating these costs.

Estimating Substance Abuse Shares of State Spending

CASA developed estimates of the share of spending for each program that reasonably could be attributed to or associated with substance abuse by relying on an extensive review of the literature, including our own research. Where possible, these shares are firmly grounded in peer-reviewed research as discussed below. Where published research is lacking, CASA has developed estimates and clearly documented the techniques. This range of techniques lacks methodological purity, but moves us toward estimates where none are currently available.

We first identified and tallied spending on programs that were 100 percent attributable to substance abuse. For those programs where costs are partially linked to substance abuse, we scaled the shares to adjust for differences in prevalence of substance abuse by state.* (Table B.1)

To derive a national estimate of state spending on substance abuse, CASA calculated average *per capita* substance abuse spending in each program area for the total of the 47 responding jurisdictions. We multiplied these averages by the population of the nonresponding states to estimate their substance abuse spending. Estimated spending for both responding and nonresponding jurisdictions were summed to estimate spending levels for the nation as a whole. Although 47 jurisdictions participated in the project, in some instances they did not complete certain sections of the survey. In these cases, CASA also estimated aggregate spending for nonreponding states in all categories except

* The prevalence of alcohol binge drinking and of illicit drug use were weighted in a 50-50 proportion in each state due to the lack of data identifying the proportion of users in each category or the proportion of polysubstance users in each budget sector. This methodology is repeated in each budget sector other than highway safety and developmentally disabled where only alcohol binge drinking prevalence rates were used to adjust the alcohol linked costs; data on the prevalence of illicit drug use in these areas is not available.

research because of the low response rate in this section of the survey (only five states reported state spending on substance abuse research).

Substance Abuse Prevention, Treatment and Research

CASA asked states to report all spending for programs with the explicit goal of reducing alcohol, drug and tobacco use and abuse and programs that provide treatment for tobacco use and alcohol and illicit drug abuse. Examples of programs included in this category are state-wide media campaigns, local prevention networks, interagency coordination of prevention programs, prevention education, treatment facilities, out-patient care programs, research and capital spending for treatment facilities. All of these programs are 100 percent attributable to substance abuse.

Criminal Justice

In its report, *Behind Bars: Substance Abuse and America's Prison Population*, CASA documented the enormous impact substance abuse has on state spending for corrections.[23] To estimate the percent of the inmate population that is "substance involved," CASA used the following categories: ever used illegal drugs regularly; convicted of a drug law violation; convicted of a DUI; under the influence of drugs and/or alcohol during the crime that led to incarceration; committed offense to get money for drugs; or had a history of alcohol abuse (defined as ever in alcohol abuse treatment). Using this definition, 81 percent of state inmates are substance involved.

To arrive at total state costs for adult corrections associated with substance abuse, CASA totaled state expenditures for corrections in the following areas:

- Costs of running and maintaining adult correctional facilities, associated administrative and staffing costs,

Table B.1
Prevalence of Alcohol Binge Drinking and Illicit Drug Use by State

State	Binge Drinking	Illicit Drug Use
Alabama	5.4	5.1
Alaska	5.5	10.7
Arizona	2.2	7.1
Arkansas	7.1	5.0
California	6.2	8.3
Colorado	4.7	9.3
Connecticut	4.6	7.7
Delaware	4.7	8.5
District of Columbia	7.0	7.6
Florida	6.0	6.8
Georgia	3.7	5.8
Hawaii	7.9	7.1
Idaho	5.1	6.4
Illinois	6.1	6.9
Indiana	6.4	7.5
Iowa	6.9	5.5
Kansas	4.8	5.9
Kentucky	8.9	6.0
Louisiana	8.2	5.7
Maine	3.8	7.1
Maryland	3.2	5.3
Massachusetts	7.1	10.1
Michigan	6.7	8.0
Minnesota	6.1	6.7
Mississippi	6.6	5.8
Missouri	6.5	6.6
Montana	4.6	7.7
Nebraska	5.2	5.6
Nevada	7.0	9.6
New Hampshire	4.2	7.0
New Jersey	3.4	7.7
New Mexico	4.2	8.9
New York	4.1	7.0
North Carolina	4.7	6.3
North Dakota	7.3	5.4
Ohio	4.3	6.5
Oklahoma	4.7	5.1
Oregon	5.5	7.7
Pennsylvania	6.6	7.0
Puerto Rico	11.3	6.9
Rhode Island	6.4	8.7
South Carolina	10.1	5.4
South Dakota	7.6	6.0
Tennessee	4.8	5.5
Texas	7.4	5.4
Utah	5.6	6.2
Vermont	6.2	6.8
Virginia	5.6	4.7
Washington	4.5	8.4
West Virginia	7.1	5.1
Wisconsin	8.3	7.0
Wyoming	5.7	7.3
52 State Average	**5.8**	**6.9**

- Costs of special programs such as mental health, education or religious services provided to adult inmates,
- Parole and early release programs,
- Adult probation,
- State categorical aid to localities for adult corrections, and
- Capital spending on prisons.

CASA applied the 81 percent share, adjusted by state specific alcohol and illicit drug use prevalence data, to these state corrections costs and added 100 percent of the costs of alcohol and drug programs provided by state departments of corrections. We assumed that a similar 81 percent of adult probationers and parolees were similarly substance involved and that local spending of state aid for corrections would mirror the same pattern. As better data become available on the extent of substance involvement in corrections, states can adjust the shares.

Juvenile Justice

The prevalence of drug and alcohol involvement in the juvenile justice system is less well documented.* An older study found that 70 percent of juvenile offenders had a serious alcohol or illicit drug problem.[24] A more recent study in New Jersey found that 67 percent of the male juvenile offenders reported using marijuana in the last 30 days while 57 percent reported using alcohol in that same timeframe.[25] A study in Maricopa, Arizona, found that 56 percent of male juvenile offenders tested positive for drugs.[26]

In the absence of recent national estimates of substance involvement in the juvenile justice system, CASA conducted an analysis of Arrestee Drug Abuse Monitoring Program (ADAM) data from the National Institute of Justice, 1997. Variables were chosen to mirror those in CASA's adult corrections report, *Behind Bars*. The categories of involvement were: tested positive for drugs; reported using alcohol in the past 72 hours; were under the influence of or in need of alcohol/drugs; received treatment in the past; currently receiving treatment for, or thinks they could use treatment for alcohol or various illicit drugs.† Using this definition, 66.3 percent of youth in the juvenile justice system are substance involved.

To arrive at total state costs for juvenile justice associated with substance abuse, CASA totaled state expenditures in the following areas:

- Juvenile corrections facilities including residential centers, boot camps and work/study camps,
- Diversion programs, and
- Capital costs of juvenile corrections facilities.

CASA applied the 66.3 percent share, adjusted by state specific alcohol and illicit drug use prevalence data, to these juvenile justice costs and added 100 percent of the costs of alcohol and drug programs provided by state departments of juvenile justice.

Judiciary

The judiciary system is carved into several branches--criminal, family, civil or drug courts (which may be further differentiated into family drug court or juvenile drug court). CASA did not identify any studies that documented the full impact of substance abuse on our courts, although several studies have identified the prevalence and characteristics of drug law offenders (drug possession and trafficking) in both juvenile and adult courts.[27] To develop a more comprehensive picture of the impact of

* CASA is conducting a study of substance abuse and the juvenile justice system, forthcoming.

† Juveniles in the sample were all males. The sample size of females was too small to be of any significance, thus, females were excluded from the database but the associated percent of substance-involved juveniles was assumed to apply to females as well as males.

substance abuse on the courts, CASA employed the following methodology:

Criminal Courts: CASA analyzed the substance involvement of arrestees, using the Arrestee Drug Abuse Monitoring Program (ADAM) 1997, to estimate the proportion of substance abusers entering the judiciary system. We used the following definitions of substance involved: tested positive for drugs; reported using alcohol in the past 72 hours; were under the influence of or in need of alcohol/drugs; received treatment in the past, are currently receiving treatment, or think they could use treatment for alcohol or various illicit drugs. Using this approach, 83.8 percent of criminal court costs are substance-linked.

Family Courts: Previous CASA research has shown that 70 percent of child welfare cases are substance involved;[28] that is, the case is either caused or exacerbated by substance abuse and addiction. In some states, juvenile justice cases may be represented in this category as well. Seventy percent of these costs were assumed to be linked to substance abuse.

Civil Courts: No substance abuse share was developed for civil courts due to the lack of ability to link costs of tort, property rights, estate or small claims cases to substance abuse and addiction.

Drug Courts: Any state spending specifically on drug courts, including family dependency drug courts, was given a 100 percent substance abuse share.

To estimate substance abuse costs linked to our courts, states were asked to identify all state program costs for criminal, family and drug courts including court personnel, contracted services, supplies and the cost of state program administrators and/or policy analysts who spend the majority of time on the program. The substance abuse shares, adjusted by state specific alcohol and illicit drug use prevalence data, then were applied to the total spending by court type. Substance-linked spending by court type was summed to produce a total for courts. While imperfect, these approaches represent reasonable proxies to estimate state budget spending until more definitive research is conducted.

Education

In this area of the budget it is difficult to establish substance abuse shares for state spending for three major reasons. First, state governments allocate most education funds in broad lump sums to local school districts. Second, there is a bias against labeling children; therefore, it is very difficult for researchers to determine which children were exposed to substances in utero or in the home and which children are abusing substances. Lastly, there is very little literature or research that has been done linking costs in the education system to substance abuse.

Using the "International Guidelines for Estimating the Costs of Substance Abuse" as a benchmark, there is neither a matrix of costs nor has there been any delineation of the theoretical issues that help lead to agreement on how to measure those costs in the case of public education.[29] Nonetheless, there is a broad consensus that the costs are potentially significant.*

Substance abuse affects schools in several ways. Parental use can affect the capacity and readiness of children to learn. Faculty and staff use can affect the learning environment. Student use can affect their interest and capacity to learn and school security.

All of these factors might affect the costs of education. For example, maternal alcohol use during pregnancy could result in increased special education costs for students with fetal alcohol syndrome. Parental substance abuse might result in programs for at-risk youth, staff-intensive compensatory education programs, after-school programs, summer school and other programs. Student use might necessitate

* Conclusion of a focus group conducted by CASA July 19, 1999, in Washington DC of experts in the field of education, school finance and substance abuse cost estimation.

increased support and health care staff or may result in class disruption. Violence associated with student use might require increased school costs for security personnel and equipment, insurance and workers compensation, and repairs and replacement of vandalized or stolen materials. Faculty use might involve increased workforce costs and lost productivity.

Few of these costs are reported to states in ways that can be linked to budgets but in the aggregate represent considerable expenditures. To take the first steps toward developing an estimate of the costs of substance abuse to the education system, CASA identified cost areas that can be linked to substance abuse. These include:

- Lost productivity of staff and added costs for additional staffing,
- Special programs for children at risk,
- Special education programs for those with substance related retardation or learning disabilities,
- Student assistance programs,
- Alcohol- and drug-related truancy,
- Administration costs linked to coping with alcohol and drug problems,
- Property damage and liability insurance costs driven by alcohol and drugs,
- Higher health insurance costs for substance-involved staff,
- Legal expenses linked to alcohol and drugs,
- Drug testing costs,
- Employee assistance programs for substance abusers,
- Employee training, policy and staff development to increase awareness of and cope with substance abuse, and
- Capital outlays for special facilities needed for substance abusing students.

CASA estimates that the aggregate of these costs could total between ten and 22 percent of annual state expenditures for elementary and secondary education.

To review this approach and associated estimates of costs, CASA convened a group of experts in the area of school finance and substance abuse. This group also was troubled by an inability to find data to make more precise estimates, but after reviewing and refining this list of effects informally posited a range of 10 to 20 percent for the estimated impact of substance abuse on the public education system. For the purposes of this study, we have chosen the lower end of the range, 10 percent, as a conservative estimate of a substance abuse share for education spending. This figure was adjusted by state specific alcohol and illicit drug use and applied to state expenditures.

CASA has included this estimate as a placeholder for budget purposes for three reasons. First, state budgets are heavily dominated by education spending and failing to recognize costs in this area would be a major oversight. Second, according to experts in the field and qualitative literature, substance abuse has a significant impact on schools and on the achievement of their goals. Finally, schools represent an important opportunity to intervene since problems of substance abuse that start in elementary and secondary school will show up later in other state systems like corrections, child welfare, mental health or welfare. By including this budget estimate, CASA hopes to promote research into the question of the impact of substance abuse on schools and education spending.

Health Care

Substance abuse increases state health care spending in at least three ways:

1. Some people become ill or injured as a result of their own substance abuse and receive health care services related to the

illness. For example, lung cancer resulting from smoking leads to a variety of health care expenditures, such as hospital, physician, and drug costs.

2. Substance abuse can injure innocent parties. Mothers who smoke during pregnancy may have low birth-weight babies, increasing state-financed costs upon the child's birth (and possibly increasing state-financed health expenditures throughout the child's life).

3. People who smoke or abuse alcohol or drugs often have a generally lower level of health and have more frequent, longer, and more severe illnesses. For example, bouts with influenza tend to last longer for smokers than for nonsmokers. Because of constraints of available data, our analysis does not include these costs.

CASA calculated the healthcare portion of the analysis independent of cost data from the state survey for two reasons. The underlying basis for estimates of health-related spending is epidemiological research showing a link between substance abuse and illness. Some states might have explored this literature in greater depth than others, and some might interpret the research differently than others. It makes sense to interpret and apply the epidemiological research uniformly across states. Further, many states do not have ready access to data describing the illnesses or health care received by their Medicaid populations that is specifically related to substance abuse or that identifies substance abusers so that their Medicaid utilization patterns can be analyzed. While such data sometimes do exist at the state level, they are in massive databases containing confidential patient information. It is a significant undertaking for states to use these databases for research purposes.

Although we could not obtain a dataset with state-level spending by type of illness--the ideal--we did obtain state-level data on spending by type of provider. CASA devised a two step methodology to link the effects of substance abuse on particular diseases with state spending in order to estimate the substance abuse share of state health expenditures, taking advantage of as much state-specific data as possible:

- Estimate national-level attributable fractions by substance and provider type. An attributable fraction is an estimate of the share of spending in a given program that is caused by smoking, alcohol or drug abuse. For example, if we say that the "smoking attributable fraction" for Medicaid-financed physicians' services is 12 percent, we mean that on average about 12 percent of Medicaid payments to physicians are caused by smoking.

- Multiply those attributable fractions by state-specific health spending to arrive at state estimates of spending attributable to substance abuse.

Step One: National Attributable Fractions. We developed national-level attributable fractions for each major form of substance abuse (smoking, alcohol and drugs), for each major type of medical provider (e.g., hospitals, physicians, home providers, etc.). We developed 24 different attributable fractions in total--three substance types by eight provider types.*

To estimate attributable fractions, we used population-attributable risk (PAR) values, either estimated directly or as reported in epidemiological research. A PAR value is an estimate of the probability that a given episode of disease is attributable to (or caused by) a factor such as substance abuse. It reflects both the relative risk of getting the disease and the prevalence of substance abuse. For example, if we say that the alcohol-related PAR value for liver cancer is 19 percent, we mean that 19 percent of new liver cancer cases result from alcohol abuse.

* The provider types are: hospital inpatient, emergency room, outpatient, medical provider visit, home provider visit, medical supply purchase, prescription drugs and dental.

For alcohol, we used PAR values developed by NIAAA for specific disease states. For illicit drugs, we developed our own PAR values based on a thorough review of the epidemiological research. In the case of smoking, we applied state specific attributable fractions that had been developed by other researchers.[30]

We applied these PAR values to the latest available public-use medical care databases to determine what portion of spending is linked to substance abuse, relying on the ICD-9 (International Classification of Disease, 9th Revision) coding system. We used the National Medical Care Expenditure Survey (NMES) from 1987 for hospital inpatient, hospital outpatient, physician services, and prescription drugs, and miscellaneous services. We assumed that nursing home expenditures would have the same attributable fractions as elderly hospital patients. The example below illustrates this process for alcohol-attributable hospital spending:

- **Multiply** Medicaid-financed hospital spending for each patient with a given disease by that disease's PAR value. Aggregate spending across all patients with that disease to develop an estimate of Medicaid hospital spending for that disease attributable to alcohol abuse. Repeat for each illness represented on the data file.

- **Aggregate** alcohol-attributable Medicaid hospital spending across all illnesses to estimate total alcohol-attributable Medicaid hospital spending.

- **Divide** alcohol-attributable Medicaid hospital spending by total Medicaid hospital spending to arrive at the "alcohol-attributable fraction"--the share of Medicaid hospital spending attributable to alcohol abuse.

- **Repeat** for other provider types and other substance types. The result is an attributable fraction for each provider type and substance type.

Step Two: Applying Attributable Fractions to State Health Spending. To develop state-by-state estimates of Medicaid and other health spending attributable to substance abuse, CASA multiplied the attributable fractions by provider type (derived in step one) by the 1998 spending by provider type obtained from the Health Care Financing Administration (HCFA). Several states did not provide a sufficiently detailed breakdown of spending by provider type. For these states we used a two-step process. First, we calculated average attributable fractions by substance type using state-specific HCFA data for 1997, effectively weighting the national provider-type attributable fractions by the state's spending by provider type. We then multiplied these state-specific weighted-average attributable fractions by 1998 total state spending on health programs to arrive at substance abuse attributable spending.

Child Welfare Programs

The link between substance abuse and child neglect and abuse has been well documented. CASA's research found that substance abuse and addiction cause or exacerbate 70 percent of child welfare cases nationally. Other studies have placed the rate of substance abuse among parents of children in child protective services between 40 and 90 percent.[31] For this study, we used 70 percent as the substance abuse share of child welfare spending.

To determine child welfare spending, states were asked to identify all program costs including grants to individuals and families, the cost of caseworkers or service providers and other program costs. There were asked to include costs for adoption assistance; foster care; independent living; family preservation and other programs to prevent out of home placements, promote reunification of families, or provide a safe environment for children; child abuse and neglect intake and assessment; and administrative/staffing costs to run these programs.

The 70 percent substance abuse share, adjusted by state specific alcohol and illicit drug use prevalence data, was applied to total state child

welfare spending, after any child welfare programs specifically aimed at substance abuse were removed. Both categories of costs were summed for the total costs of substance abuse to the child welfare system.

Income Support Programs

Substance abuse may be the primary reason people need income assistance or it may impede a person's ability to become self-supporting. The income support programs included in this study are Temporary Assistance to Needy Families (TANF), General Assistance and state supplements to the Supplemental Security Income Program (SSI).

TANF and General Assistance: The majority of national and state prevalence studies have estimated that between seven and 37 percent of welfare recipients have a substance abuse problem.[32] Two previous studies by CASA have estimated the prevalence of women on AFDC with substance abuse problems to be between 20 and 27 percent.[33] For purposes of this study, we are using a more conservative 20 percent as the substance abuse share for Temporary Assistance to Needy Families (TANF) recipients. Preliminary data analysis from a forthcoming CASA welfare policy analysis study confirms our findings.*

Very little data are available on the percentage of the general assistance (GA) population that is substance involved. One study of a county in California estimated that at least 43.3 percent of the GA population had a substance abuse problem that was linked to their receipt of assistance.[34] In the absence of national data, CASA has used the 20 percent substance-linked share used for the TANF program, recognizing that it is probably a very conservative estimate.

SSI: Federal legislation passed in 1996 ended payments to individuals who were receiving SSI because of drug addiction and alcoholism. When benefits were terminated as of January 1, 1997, 2.6 percent of all beneficiaries were removed from the roles. About a third (34 percent) of these people retained or re-established eligibility as of December, 1997 on the basis of a condition other than substance abuse.[35] Therefore, only one percent of people receiving SSI was originally certified by virtue of drug or alcohol addiction. CASA could find no studies documenting the extent to which individuals qualifying for SSI under another condition also have drug and alcohol problems, and if so, what percent might be capable of self-support if their addiction problems were addressed. Therefore, we are using one percent as the associated share for SSI.

To estimate substance-linked costs for these programs, states were asked to identify costs for cash assistance, emergency assistance, employment and training services for the TANF or GA populations, income maintenance to the aged, blind, and disabled and administrative costs to run these programs. Substance-linked shares, adjusted for differences in alcohol and illicit drug use prevalence by state, were applied to total costs in each area to develop aggregate spending for income support programs.

Mental Health

Data from a nationally representative sample of the civilian, noninstitutionalized U.S. population indicate that half (50.9 percent) of those with a lifetime mental disorder also have a lifetime addictive disorder--drug and alcohol abuse and dependence.[36] This may be a conservative estimate of the occurrence of a comorbid addictive disorder in the population that receives mental health treatment through the state since the institutionalized population was not surveyed and people with more severe mental health problems often receive residential care.

Mental health costs included in this study are those for administration, community contracts, housing programs, institutionalization and capital costs for building and maintaining facilities. The substance-linked share of 50.9 percent was applied to the total of these costs, after adjusting for differences in state prevalence of alcohol and illicit drug use.

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* CASA, forthcoming.

Developmental Disabilities

To estimate the share of state costs for the developmentally disabled caused or exacerbated by tobacco, alcohol or drugs, CASA used as a base work done by Harwood and colleagues in *The Economic Costs of Alcohol and Drug Abuse in the United States, 1992*. Their estimate of the FAS population receiving care in 1992* (38,884) was approximately nine percent of the total developmentally disabled population of 434,657 served in 1992 in institutional and residential care across the United States.[37] While CASA believes that the nine percent share is conservative since it is based solely on fetal alcohol syndrome, we have used it to calculate the substance abuse share of state spending for the developmentally disabled. This share, adjusted for state differences in prevalence of alcohol use, was applied to total state costs for developmental disabilities--administration, community contracts, housing programs, institutionalization and capital cost to build and maintain facilities--to develop state totals of associated costs.

Public Safety

Very limited data are available for estimating costs to the state for public safety other than for criminal and juvenile justice and courts. CASA asked states to report costs for special drug enforcement programs, highway safety and accident prevention programs, state highway patrol and local law enforcement programs.

The main area where some data are available is for highway safety; that is, the proportion of car accidents that are alcohol involved. There is no database, currently, that collects the number of drug related accidents. Using data collected by the National Highway Traffic Safety Administration, CASA calculated an estimate of the proportion of reported accidents that are alcohol involved:†

- Calculate the number of alcohol-positive crashes for each type of accident (property damage, injury, fatality). Alcohol-involved crashes account for 16.7 percent of property damage only accidents, 20.4 percent of accidents that involve injuries and 40.8 percent of accidents involving fatalities.

- Calculate the percent of total alcohol-involved accidents for each accident type. Alcohol-involved property damage represents 78 percent of all alcohol-involved traffic accidents; injuries represent 21 percent and fatalities represent .003 percent.

- Calculate an average for the total of alcohol-positive accidents.

Using this approach, CASA estimates that 17.6 percent of highway traffic accidents are alcohol involved. We also applied this percentage to accident prevention programs, state highway patrol and local law enforcement programs that are not specifically targeted to alcohol or drugs. Costs were adjusted by differences in prevalence of alcohol use by state. The total cost of programs targeted to alcohol or drug abuse was included.

State Workforce

Several studies have focused on documenting and quantifying the adverse effects of alcohol, tobacco and illicit drug use on the workforce.[38] Some have been studies of just one organization, others of large firms, and others of particular regions; therefore, comparison of the results has been difficult. A further complicating factor is the variation in definitions of the quantity and frequency of substance use.

Drug and alcohol use have been associated with employee absenteeism, lower productivity, increased turnover, workplace accidents and higher health insurance costs.[39] Because of

* Includes mild/moderately retarded FAS populations from ages 22 to 65 in the developmentally disabled systems, and severely retarded people with FAS in those systems from ages 5 to 65.

† This calculation was made with the guidance of the author, Lawrence Blincoe.

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Appendix B

Notes

[1] Harwood, et al. (1998); Rice, D. P. (1993)
[2] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1993 & 1994a)
[3] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1995)
[4] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998)
[5] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999)
[6] Wickizer, T. M. (1999), p. vi vii
[7] Wickizer, T. M. (1999), p. vii
[8] Wickizer, T. M. (1999), p. vii
[9] Joint Task Force on Substance Abuse. 1998, p. 1
[10] Liu, L. (1998), p. 1
[11] Drug Strategies. (1999a), p. 4
[12] Drug Strategies [news release]. (1999b), p. 2
[13] Drug Strategies. (1999a), p. 7
[14] Harwood, H., et al. (1998), p. 1-1
[15] CASA analysis based on 1992 population from the Bureau of the Census.
[16] Harwood, H., et al. (1998), p. 1-1
[17] Harwood, H., et al. (1998), p. 1-1
[18] Zeger, S. L., Wyant, T., & Miller, L. S. (1997), p. 3
[19] Easton, B. (1997), p. 28
[20] Single, E., Robson, L., Xie, X., & Rehm, J. (1998), p. 991
[21] Single, E., Robson, L., Xie, X., & Rehm, J. (1998), p. 991
[22] Collins, D. J. & Lapsley, H. M. (1991)
[23] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1998)
[24] Santo, et al., & Inciardi, as cited in Brenna, D. (1992)
[25] Kline, A., & Rodriguez, G. (1996)
[26] Arizona Department of Juvenile Corrections. (1997)
[27] Brown, J. M., & Langan, P. A. (1998); Stahl, A. L., Sickmund, M., Finnegan, T. A., Snyder, H. N., Poole, R. S., & Tierney, N. (1999)
[28] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1999)
[29] Single, E., Collins, D., Easton, B., Harwood, H., Lapsley, H., & Maynard, A. (1996)
[30] Miller, L. S., Zhang, X., Rice, D. P., & Max, W. (1998)
[31] Bane, M. J., & Semidei, J. (1992); Connecticut Department of Children and Families. (1997); U. S. General Accounting Office. (1994); Washoe County Department of Social Services. (1995)
[32] Olson, K., & Pavetti, L. (1996)
[33] The National Center on Addiction and Substance Abuse (CASA) at Columbia University. (1994b & 1995)
[34] Schmidt, L., Weisner, C., & Wiley, J. (1998)
[35] Stapleton, D. C., Wittenburg, D., Tucker, A., Moran G. E., Ficke, R., & Harmon, M. (1998)
[36] Kessler, R. C., Nelson, C. B., McGonagle, K. A., Edlund, M. J., Frank, R. G., & Leaf, P. J. (1996)
[37] American Association of Mental Retardation (as cited in Harwood, et al., 1998)
[38] Blum, T. C., Roman, P. M., & Martin, J. K. (1993); Hoffman et al. (1997); French, M. T., Zarkin, G. A., & Dunlap, L. J. (1998)
[39] Hoffman, et al. (1997)

severe data limitations, CASA has focused only on absenteeism for this study; that is, the extra days substance abusers are absent compared to nonusers by sex and substance type.

CASA adopted the methodology employed in its forthcoming study of *Substance Abuse and American Business* to calculate absenteeism costs linked to substance abuse. While this methodology focuses on individuals who have a job and work for pay in the private sector (excluding farming, fishing and forestry), it provided a more detailed analysis that would otherwise be available.

CASA conducted a logistical regression using National Household Survey of Drug Abuse (NHSDA) 1994 data and two panels of the National Longitudinal Survey of Youth (NLSY), (1984-88 and 1992-94). The NLSY allowed us to control for a large number of relevant demographic and socioeconomic variables and to capture absenteeism. CASA employed this methodology to pinpoint a probable causal relationship between employee substance abuse and absenteeism. From this analysis, CASA identified prevalence rates and extra days absent due to substance abuse for men and women by substance type.*

Next, we multiplied the prevalence of substance abuse (by gender and substance abuse type) to the state workforce (broken down by gender) to get the estimated number of substance abusers in the workforce by gender and type of substance. These subtotals were multiplied by gender and substance specific extra days of absences per person, per year to get the total number of days lost per year. Once these subtotals were aggregated, that number was divided by the expected number of days of work per year (workforce x 230) to get a substance abuse share.

In the state workforce section of the survey, CASA requested payroll figures for state government employees, total spending on fringe benefits and the substance abuse share of employee assistance programs. The substance abuse share (.03 percent), adjusted by state specific binge drinking and illicit drug use prevalence data, was applied to the payroll and fringe benefits. That total was added to 100 percent of the substance abuse share of employee assistance programs to get total substance abuse related spending in the state workforce sector.

Capital Costs

As mentioned in other categories, CASA included in its analysis funds expended (not budgeted amounts) by the state for new construction, capital improvements and equipment for adult and juvenile corrections facilities, substance abuse treatment, mental health and developmentally disabled facilities. We included funds paid for out of current general taxes or dedicated taxes, capital spending from bond proceeds and interest paid out for bonds already issued. We used the adjusted substance abuse share from the respective category to estimate the portion of capital spending linked to substance abuse (i.e., 81 percent for adult corrections capital spending, 50.9 percent for mental health capital spending, etc.). This substance abuse associated capital spending was added to other costs in each respective category.

Regulation and Compliance

CASA included in its analysis total spending on state personnel who are responsible for collecting alcohol and tobacco taxes (including fringe benefits) and state funds budgeted for boards or governing bodies that enforce alcohol and tobacco regulation and/or issue alcohol and tobacco licenses. These costs are 100 percent attributable to substance use. CASA also estimated the total tax revenues states receive from alcohol and tobacco sales.

* Smoker: An employee who smokes 16+ cigarettes per day in the past month. Heavy Drinker: A male employee drinking 5+ drinks five or more times in the past month. A female employee drinking 3+ drinks five or more times in the past month. Current Drug User: An employee who uses marijuana and/or cocaine at all in the past month. Absent: An indicator for worker absence at any time during the survey month (NHSDA) or week (NLSY).

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